

Victim Services Support Program (VSS) Orientation Manual for Victim Service Programs

Effective July 1, 2014

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Introduction

This Victim Services Support Program (VSS) Orientation Manual for Victim Service Programs provides a summary of the requirements for the funds administered by the VSS. This is a manual and should be utilized as a resource for victim service providers in the administration, implementation and expense of VSS funds.

It is the responsibility of the victim service agency receiving VSS funds to be in compliance with all contract requirements and certified assurances pertaining to the funds they receive. If the manual is ever in conflict with the contract(s), certified assurance(s) or federal guidelines, the victim service agency should always follow the contract, certified assurances and state and federal guidelines.

Summary of Victim Services Support Program (VSS)

The Victim Services Support Program (VSS) provides partial funding and technical assistance to community-based, system-based, and statewide victim service programs throughout Iowa. The VSS is guided by two primary purposes:

- effective stewardship of state and federal funds for programs that provide service to crime victims and
- provision of quality technical assistance for crime victim program development, fiscal management, and best practices.

Programs funded by the VSS include those that provide free and confidential counseling

and advocacy services for victims and survivors of crime including programs that provide technical assistance to the programs providing services. Federal funds are distributed by federal requirements for special investigative, prosecution, victim assistance programs, court services and other services as they relate to victims of violent crime.

This manual will focus on the Domestic Abuse Comprehensive (DAC), Sexual Abuse Comprehensive (SAC) and Shelter-Based (SH) Victim Service Programs.

The VSS Program administers both federal and state funding streams. A summary of each is provided below.

- State Domestic Abuse (DA) funds and Sexual Abuse (SA) funds are a combination of an annual appropriation by the Iowa Legislature as well as fines and penalties from offenders.
- Federal Victims of Crime Act Assistance funds (VOCA or VA) are awarded to Iowa by the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. The funds come from the federal VOCA Fund that consists entirely of fines and penalties paid by convicted federal criminals. The funds are collected by U.S. Attorney Offices.
- Federal Violence Against Women Act funds (VAWA or VW) are awarded to Iowa by the Office on Violence Against Women (OVW) U.S. Department of Justice (DOJ). U.S. Congress appropriates the funds annually.
- Federal Family Violence Prevention and Services Act funds (FVPSA or FV) are awarded to Iowa by the U.S. Department of Health and Human Services,

Administration for Children and Families, Office of Community Services. U.S. Congress appropriates the funds annually.

- Federal Sexual Abuse Services Program funds (SASP or SF) are awarded to Iowa by the Office on Violence Against Women (OVW) U.S. Department of Justice (DOJ). U.S. Congress appropriates the funds annually.

Strategic Funding & Services Plans

In June of 2013, the Victim Services Support Program (VSS) through the Iowa Attorney General's Crime Victim Assistance Division (CVAD) undertook steps to restructure victim services or to move to a new model of service provision for violent crime victims. The Strategic Funding and Services Plan ("Plan") was created in an effort to:

- modernize Iowa's system of services to victims of domestic abuse and sexual abuse/assault,
- propose changes in how to utilize available funding in a manner that most effectively provides quality services to all crime victims, which includes equitable distribution of funds across the state, and
- create a proactive approach to a sustainable crime victim services model based on available funds.

The VSS Administrator and CVAD Director were thoughtful about the process, ensuring a transparent and inclusive process. The VSS Administrator and Division Director had several meetings over the course of State Fiscal Year 2013 with Domestic Abuse Program Directors, Sexual Abuse Program Directors, Advocates, general public

including victims/survivors, experts in the victim service field and staff members of both the Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault.

Programs applied for funding in December 2013, for State Fiscal Year (SFY) 2014, with SFY2014 being the first year of implementation for the new model of services. In order to make this transition from the previous model of services as seamless and safe as possible for domestic abuse and sexual abuse victims, the VSS program allowed communities to determine the length of the transition process over the course of a 12-month period.

State Domestic Abuse and Sexual Abuse

State Domestic Abuse (DA) funds and Sexual Abuse (SA) funds are distributed to DAC, SAC and SH Victim Service Programs across Iowa. All monies are utilized to fund DAC, SAC and SH Victim Service Programs in providing services to victims of violent crime utilizing the new model of services (Strategic Funding & Services Plan). Funds are equitably distributed to Iowa's urban and rural areas based on a formula. The funds are an annual appropriation by the Iowa Legislature combined with monies received through court costs, fines and penalties paid by convicted offenders.

History of the Federal Victims of Crime Act Formula Grant Program

The Victims of Crime Act (VOCA) was passed by Congress and signed into law by President Reagan on October 12, 1984.

The Victims of Crime Act of 1984 (VOCA) is the only federal grant program supporting direct assistance services to victims of *all* types of crimes. Annual VOCA victim assistance grants provide services to victims of domestic violence, sexual assault, child abuse, drunk driving, elder abuse, robberies, survivors of homicide victims and others. VOCA also supplements state funds that provide financial compensation assistance to hundreds of thousands of victims of violent crime and supports victim advocates and services for those involved in the Federal criminal justice system.

The Crime Victims Fund is financed by fines and penalties paid by convicted federal offenders, not from tax dollars. As of September 2013, the Fund balance had reached almost \$9 billion and includes deposits from federal criminal fines, forfeited bail bonds, penalties, and special assessments collected by U.S. Attorneys' Offices, federal U.S. courts, and the Federal Bureau of Prisons. Federal revenues deposited into the Fund also come from gifts, donations, and bequests by private parties, as provided by an amendment to VOCA through the USA PATRIOT Act in 2001. From 2002 – 2013, over \$300 thousand dollars have been deposited into the Fund through this provision.

When the Fund was authorized in 1984, a cap was placed on how much could be deposited into it for the first 8 years. During this time, the annual cap varied from \$100 million to \$150 million. The lifting of the cap

in 1993 allowed for the deposit of all criminal fines, special assessments, and forfeited bail bonds to support crime victim program activities.

For the first 15 years of the Fund's existence, the total deposits for each fiscal year were distributed the following year to support services to crime victims.

Starting in 2000, in response to large fluctuations in deposits, Congress placed a cap on funds available for distribution. These annual caps were intended to maintain the Fund as a stable source of support for future victim services. From 2000 to 2012, the amount of the annual cap varied from \$500 million to \$705 million. In FY 2013, the cap was set at \$730 million.

History of the Federal STOP Violence Against Women Formula Grant Program

The Violence Against Women Act (VAWA) was enacted by U.S. Congress in 1994 (Public Law 103-322). The VAWA created and implemented the STOP Violence Against Women Formula Grant Program as outlined and authorized by the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.), as amended by Title IV of the Violent Crime Control and Law Enforcement Act of 1994 and the Victims of Trafficking and Violence Protection Act of 2000 (Public Law 106-386).

Since the creation of the STOP VAWA Formula Program, U.S. Congress enacted an updated to the VAWA of 2000 with the Violence Against Women and Department of Justice Reauthorization Act of 2005

(Public Law 109-162) and reauthorized in 2013 (Public Law 113-4).

The Federal Office of Violence Against Women through the Department of Justice (DOJ) was created in 1995 and administers the STOP Violence Against Women Grant Programs including the STOP VAWA Formula Grant Program (STOP Program). The “STOP” in the STOP Violence Against Women signifies: Services*Training*
*Officers*Prosecutors (STOP).

The STOP Program funding is focused on developing and strengthening effective strategies in addressing violence against women crimes by strengthening services to victims and holding offender accountable. In addition, the OVW provides national leadership on issues of sexual assault, domestic violence, dating violence, and stalking.

The STOP Program funds are allocated to every state and territory in the United States through the use of a formula designated by statute. The formula allocates every state and territory a base amount of \$600,000 and the remaining funds are distributed according to population of the state or territory.

The VSS Program has historically taken only 5% of the STOP Program funds for administration. Per U.S. Congress, States and territories area allowed to take up to

10% for administrative costs. After the State takes administrative costs, the STOP Program funds must be allocated as follows:

- at least 5 percent will be allocated for State and local courts including juvenile courts;
- at least 25 percent will be allocated for law enforcement;
- at least 25 percent will be allocated for prosecutors; and,
- at least 30 percent will be allocated for nonprofit, nongovernmental victim services, of which at least 10 percent is to be distributed to culturally specific community-based organizations.

In State Fiscal Year 4.75% of the funding was allocated to support the requirements of the Prison Rape Elimination Act (PREA) as required by the 2013 reauthorization.

Purpose Areas of the STOP Program

The STOP Program funds have designated purpose areas and each funded program must meet one or more, in order to receive these funds. These purpose areas were established by U.S. Congress [42 U.S.C. section 3796gg(b)]. On the following two pages are the STOP Program purpose areas.

#	VW Purpose Area Description
#1	Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of sexual assault, domestic violence, stalking, and dating violence, including the use of nonimmigrant status under subparagraphs (U) and (T) of section 101(a)(15) of the Immigration and Nationality Act (8 U.S.C. 1101(a));
#2	Developing, training, or expanding units of law enforcement officers, judges, other court personnel, and prosecutors specifically targeting violent crimes against women, including the crimes of sexual assault, dating violence, stalking, and domestic violence;
#3	Developing and implementing more effective police, court, and prosecution policies, protocols, orders, and services specifically devoted to preventing, identifying, and responding to violent crimes against women, including the crimes of sexual assault, dating violence, stalking, and domestic violence, as well as the appropriate treatment of victims;
#4	Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and courts or for the purpose of identifying, classifying, and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women, including the crimes of sexual assault, dating violence, stalking, and domestic violence;
#5	Developing, enlarging, or strengthening victim services and legal assistance programs, including sexual assault, domestic violence, stalking, and dating violence programs, developing or improving delivery of victim services to underserved populations, providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted, and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including crimes of sexual assault, dating violence, stalking, and domestic violence;
#6	Developing, enlarging, or strengthening programs addressing the needs and circumstances of Indian tribes in dealing with violent crimes against women, including the crimes of sexual assault, dating violence, stalking, and domestic violence;
#7	Supporting formal and informal statewide, multidisciplinary efforts, to the extent not supported by State funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women, including the crimes of sexual assault, domestic violence, stalking, and dating violence;
#8	Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault;
#9	Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence, dating violence, stalking, or sexual assault, including recognizing, investigating, and prosecuting instances of such violence or assault and targeting outreach and support, counseling, and other victim services to such older and disabled individuals;
#10	Providing assistance to victims of domestic violence and sexual assault in immigration matters;
#11	Maintaining core victim services and criminal justice initiatives, while supporting complementary new initiatives and emergency services for victims and their families;

#	VW Purpose Area Description Continued
#12	<p>Supporting the placement of special victim assistants (to be known as “Jessica Gonzales Victim Assistants”) in local law enforcement agencies to serve as liaisons between victims of domestic violence, dating violence, sexual assault, and stalking and personnel in local law enforcement agencies in order to improve the enforcement of protection orders. Jessica Gonzales Victim Assistants shall have expertise in domestic violence, dating violence, sexual assault, or stalking and may undertake the following activities—</p> <ul style="list-style-type: none"> (A) developing, in collaboration with prosecutors, courts, and victim service providers, standardized response policies for local law enforcement agencies, including the use of evidence-based indicators to assess the risk of domestic and dating violence homicide and prioritize dangerous or potentially lethal cases; (B) notifying persons seeking enforcement of protection orders as to what responses will be provided by the relevant law enforcement agency; (C) referring persons seeking enforcement of protection orders to supplementary services (such as emergency shelter programs, hotlines, or legal assistance services); and (D) taking other appropriate action to assist or secure the safety of the person seeking enforcement of a protection order.
#13	<p>Providing funding to law enforcement agencies, victim services providers, and state, tribal, territorial, and local governments (which funding stream shall be known as the Crystal Judson Domestic Violence Protocol Program) to promote—</p> <ul style="list-style-type: none"> (A) the development and implementation of training for local victim domestic violence service providers, and to fund victim services personnel, to be known as “Crystal Judson Victim Advocates,” to provide supportive services and advocacy for victims of domestic violence committed by law enforcement personnel; (B) the implementation of protocols within law enforcement agencies to ensure consistent and effective responses to the commission of domestic violence by personnel within such agencies such as the model policy promulgated by the International Association of Chiefs of Police (“Domestic Violence by Police Officers: A Policy of the IACP, Police Response to Violence Against Women Project” July 2003); and (C) the development of such protocols in collaboration with state, tribal, territorial and local victim services providers and domestic violence coalitions. <p>Note: Any law enforcement, state, tribal, territorial, or local government agency receiving funding under the Crystal Judson Domestic Violence Protocol Program shall, on an annual basis, receive additional training on the topic of incidents of domestic violence committed by law enforcement personnel from domestic violence and sexual assault nonprofit organizations and, after a period of two years, provide a report of the adopted protocol to the Department, including a summary of progress in implementing such protocol. As such, states and territories are responsible for ensuring that each subgrantee receiving funds under this purpose area will receive the required annual training. states are also responsible for ensuring that subgrantees submit their two-year report to the Department. States and territories must notify and provide OVW with a list of subgrantee recipients awarded STOP funds under the Crystal Judson Domestic Violence Protocol Program.</p>

#	VW Purpose Area Description Continued
#14	Developing and promoting state, local, or tribal legislation and policies that enhance best practices for responding to domestic violence, dating violence, sexual assault, and stalking.
#15	Developing, implementing, or enhancing Sexual Assault Response Teams, or other similar coordinated community responses to sexual assault.
#16	Developing and strengthening policies, protocols, best practices, and training for law enforcement agencies and prosecutors relating to the investigation and prosecution of sexual assault cases and the appropriate treatment of victims.
#17	Developing, enlarging or strengthening programs addressing sexual assault against men, women, and youth in correctional or detention settings.
#18	Identifying and conducting inventories of backlogs of sexual assault evidence collection kits and developing protocols and policies for responding to and addressing such backlogs, including protocols and policies for notifying and involving victims.
#19	Developing, enlarging, or strengthening programs and projects to provide services and responses to male and female victims of domestic violence, dating violence, sexual assault, or stalking, whose ability to access traditional services and responses is affected by their sexual orientation or gender identity, as defined in section 249(c) of title 18, United States Code.
#20	Developing, enhancing, or strengthening prevention and educational programming to address domestic violence, dating violence, sexual assault, or stalking, with not more than 5 percent of the amount allocated to a state to be used for this purpose.

History of the Federal Family Violence Prevention and Services Act Formula Grant Program

The Family Violence Prevention and Services Act (FVPSA) is dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their children and dependents. The purpose of FVPSA is to support the establishment, maintenance and expansion of programs and projects to prevent incidents of family violence, domestic violence, and dating violence and to provide immediate shelter and supportive services for victims of family violence and their dependents that meet the needs of all victims, including those in marginalized communities. FVPSA is located in the Family and Youth Services Bureau (FYSB), a division of the Administration on Children, Youth and Families in the Administration for Children and Families. The domestic violence programs funded through FVPSA provide a safe and supportive

environment that allows residents to go about the tasks of setting goals and decisions about their futures.

First authorized as part of the Child Abuse Amendments of 1984 (PL 98-457), FVPSA has been amended over eight times.

By statute 70% of the FVPSA funding goes directly to states and territories as a formula grant. This allows the majority of the funds to go to local programs providing the services.

The statute specifies how 98.5% of appropriated funds will be allocated, including three formula grants and one competitive grant. The remaining 1.5% is discretionary, and used for competitive grants, technical assistance and special projects that respond to critical or otherwise unaddressed issues.

The FVPSA also administers the National Domestic Violence Hotline, which receives its own line-item appropriation.

projects to assist those victimized by sexual assault.

History of the Federal Sexual Abuse Services Program Formula Grant Program

The Sexual Assault Services Program (SASP, SS or SF) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), 42 U.S.C. §14043g, and was reenacted in 2013.

The Sexual Assault Services Program (SASP is the first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault. The SASP encompasses four different funding streams for States and Territories, Tribes, State Sexual Assault Coalitions, Tribal Coalitions, and culturally specific organizations. Overall, the purpose of SASP is to provide intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by the sexual assault.

The SASP supports efforts to help survivors heal from sexual assault trauma through direct intervention and related assistance from social service organizations such as rape crisis centers through 24-hour sexual assault hotlines, crisis intervention, and medical and criminal justice accompaniment.

The SASP will support such services through the establishment, maintenance, and expansion of rape crisis centers and other programs and

Application Information

This section outlines the eligibility of receiving funds, as well as the application process.

Eligibility of VSS Funds

Programs may include, but are not limited to, state offices and agencies, public or private nonprofit agencies, units of local government, nonprofit and nongovernmental victim service programs. A local unit of government is defined as a city, county, town, township, or other general-purpose political subdivision of a state and includes Indian tribes, which perform law enforcement functions as determined by the Secretary of the Interior.

Victim Service Programs are eligible for the State Domestic Abuse (DA) funds and Sexual Abuse (SA), Victims of Crime Act Assistance funds (VA), Violence Against Women (VW), Family Violence Prevention and Services Act funds (FV) and Sexual Abuse Services Program funds (SF) funds. Eligibility for certain funds may not be open to all Victim Service Programs. For example, Sexual Abuse Comprehensive (SAC) Programs are not eligible for FV funds unless one of their main focuses is family violence (domestic violence). For more detailed information on specific eligibility criteria for a specific agency, please contact the VSS office.

In order to receive VSS funds, a victim service program must submit an application for funding through the competitive VSS Application Process and be awarded funds through this process. The Victim Services Support Program (VSS) typically uses a three-year funding process in distributing annual funding, however, due to the restructuring of

victim services, Victim Service Programs applying for funding in State Fiscal Year (SFY) 2014, 2015 and 2016 will only be applying for one-year of funding. More detailed information on the restructuring plan is available in the Strategic Funding and Services Plan for Domestic and Sexual Abuse Programs and the Strategic Funding and Services Plan for Survivors of Homicide & Other Violent Crime Programs.

Types of Applications/Grants

Per Administrative Rule 9.53(1) and (2), there are two types of grants (applications) available through the VSS Program:

- **Competitive grants** will be awarded based on the availability of funds, history and demonstration of quality of services provided, compliance with the requirements of the division, number of victims served or cases investigated and prosecuted, population served, and geographical distribution of funds in the state. Preference shall be given to continued funding of successful grantees. [Administrative Rule 9.53(1)]
- **Focus grants** will be awarded at the discretion of the Director and of the Deputy Attorney General who oversees the division. Funds utilized for focus grants must comply with all applicable state and federal rules and regulations. The total of focus grants from one funding source may not exceed 3 percent of the funds available from the funding source in one state fiscal year. [Administrative Rule 9.53(2)]

Awarding of focus applications is something that is done sparingly as CVAD strives for an open, competitive, fair process in distributing the funds.

Notification of Availability of Funding

“The director shall announce the opening of an application period through public notice including but not limited to notice to current grantees and other eligible agencies identified by the program. Applications must be received by the designated due date.” [Per Administrative Rule 61-9.53(13)].

The VSS routinely issues a press release or other public notice notifying potential applicants of funding availability. VSS program sends emails and other notifications at the opening of the funding cycle to all current, past and prospective funded programs.

Letters of Intent to Apply for Funding

Programs must file letters of intent to apply for the various VSS funding streams. Letters of intent should include, but are not limited to the following:

- what funds are being requested,
- service area the funds will cover,
- types of program,
- program name and contact information, and
- the program’s tax ID number.

Letters of intent should be submitted to the VSS Administrator at the following address:

VSS Administrator
Crime Victim Assistance Division
Lucas Building, Ground Floor
321 E. 12th Street
Des Moines, Iowa 50319

All Victim Service Program applicants can apply for a one-year contract in SFY2014,

2015 and 2016. It is anticipated there will be a three-year application cycle for SFY2017-2019.

All applicants have to meet the requirements and agree to abide by the certified assurances as set forth by the funding source for which they are applying. One-year and multi-year applicants follow the same process for funding.

Application workshops are generally conducted around the time an application is made available. Application workshops provide potential applicants with an opportunity to ask questions and receive clarification on the application process. The Application Workshop can be held in person or through a webinar service and are recorded for later viewing.

Application for Funding

Applicants are required to submit applications to the Victim Services Support Program (VSS) of the Iowa Attorney General’s Crime Victim Assistance Division (CVAD) based on submission guidelines outlined in the application.

Each complete application must be received in the CVAD office by 4:30 pm on the date designated by the VSS. The application packet shall be made available upon request to all interested parties. Applications can be delivered to the office during regular business hours any time prior to the deadline. [Administrative Rule 61-9.54(13)]

An applicant should have on file with the division the following:

- table of organization and articles of incorporation as required [Administrative Rule 61-(9.54(2))]

- evidence of any insurance coverage the applicant carries for liability or property. [Administrative Rule 61-(9.54(3))]

The division may allow combined applications from two or more agencies if a combined application will encourage cooperation between those agencies on behalf of crime victims. Each agency receiving funds under a combined application shall sign a grant contract for the use of awarded funds. [Administrative Rule 61-(9.54(4))]. Please contact the VSS Administrator with questions about this rule.

Applications should include the following [Administrative Rule 61-9.54 (13)(1-2)]:

A paragraph describing the agencies or units of government requesting the funds.
A description of services for which funding is being requested. The description shall include, but not be limited to, the following:

- a. The geographical area to be served.
- b. The crime victim population to be served.
- c. Victim eligibility requirements for the applicant's services.
- d. A description of substantial financial support from other sources.
- e. The intended use of volunteers, if any.
- f. The stated goals and objectives of the program.
- g. A description of the proposed victim service, training, or technical assistance to be implemented during the funding year.
- h. The amount of grant funds requested.
- i. The amount of cash or in-kind resources or combination thereof which is committed where required by the division.
- j. A description of how the proposed victim service, training, or technical assistance will provide or improve services to victims of crime.
- k. Proof of coordination with appropriate

agencies at the local level.

- l. A total program budget for all services provided by the applicant's crime victim program.
- m. A proposed budget for the requested grant funds.
- n. A list of other anticipated sources of income, including written commitments, if possible, and plans for continued funding of the grant-funded activities.
- o. Other information identified in the RFP.
- p. Signed certified assurances as required by statute or regulation.

As part of the application process, each applicant is required to highlight their service area on an Iowa map which designates the counties served, population, and outreach offices. This tool is utilized when distributing funds to ensure funding is being equitably dispersed across the state, including funding to urban and rural areas, culturally specific programming, and marginalized populations.

The VSS can require other information of the applicant in order to determine the program demonstrating best practices for serving victims of crime, as well as the most cost effective use of the funds.

Extension on Application for Funding

[Administrative Rule 61-9.54(13)(1)].

Extensions on the filing deadline may be allowed only at the direction of the Director or VSS Administrator if there is good cause. The determination of a good cause extension by the Division Director shall be final. Extensions are rarely allowed. Below are two examples of good cause:

- Due to weather disaster or conditions such a blizzard, flood, tornado, etc.; and

- An agency decided not to reapply for a specific program/service focused on an underserved population after the application process had begun. This meant the program had to find a new agency to assist in administering this program.

Combined or Joint Agency Applications

[Administrative Rule 16-9.54(13)(4)]

Programs are allowed to submit a combined application from two or more agencies if a combined application will encourage cooperation between those agencies on behalf of crime victims. Each agency receiving funds under a combined application shall sign a grant contract for the use of awarded funds. This rule is mostly utilized for criminal justice agencies filing from one community or county. Often-times law enforcement within a community or county will write one application for funding several law enforcement agencies. Another example would be a local law enforcement agency writes a combination application with the local prosecutor's office. We are not limited to these examples, but these are the most common ones.

Since Victim Services agencies are normally eligible and write for more than two of the VSS funding streams, VSS requires a Victim Service Agency to write a separate application for funding.

Eligibility Requirements

[Administrative Rule 61-9.56(13)(1-12)]

An applicant must meet the following requirements:

- The applicant shall be a public agency or private nonprofit organization, or combination thereof, that provides services

to crime victims, or training and technical assistance to victim service providers and allied professionals.

- The applicant shall provide services to victims of crime through crime victim centers, law enforcement officers, prosecutors, and other allied professionals. Services provided to victims by crime victim centers shall include but are not limited to crisis intervention, law enforcement and court advocacy, group and individual follow-up counseling, transportation, and information and referral.
- An applicant providing services to victims of domestic abuse must also provide or arrange safe shelter for victims and their children when needed, at no cost to the victims. To ensure staff training and best practice standards, preference will be given to domestic abuse programs certified by the Iowa Coalition Against Domestic Violence.
- An applicant providing services to victims of sexual abuse must also provide support to victims at the time of an evidentiary sexual abuse examination. To ensure staff training and best practice standards, preference will be given to sexual abuse programs certified by the Iowa Coalition Against Sexual Assault.
- The applicant shall promote within the community a coordinated public and private effort to assist victims.
- The applicant shall be an equal-opportunity employer and provide services on an equal-opportunity basis.
- The applicant shall comply with applicable federal and state statutes and rules, all requirements specified in the grant between the department and any outside funding source, and all requirements in the RFP or any other contractual document.
- The applicant shall assist victims in seeking

state compensation benefits.

- The applicant shall have a grievance procedure established for victims, employees and volunteers.
- The applicant shall ensure that all employees and volunteers of crime victim centers that provide direct services to victims are trained as victim counselors as defined in Iowa Code section 915.20A.
- The applicant shall provide services within the geographical service area without regard to a victim's ability to pay.
- An existing program must document results of prior programming that demonstrate the needs of victims have been met effectively and the applicant has financial support from other sources.

Application Review Process for Competitive Applications

[Administrative Rule 61-9.57(13)]

The VSS Administrator and staff conduct a preliminary review of each application to ensure that the applicant is eligible, the application is complete, and the proposed victim service, training or technical assistance is consistent with the division's mission of providing quality assistance to crime victims and crime victim programs throughout the state.

The VSS Administrator establishes an Application (grant) Review Committee (ARC) comprised of a representative or representatives from the Crime Victim Assistance Board and experts in the fields of victim services, grant administration and management, criminal justice, or other relevant fields.

The committee may include, but are not limited to the CVAD Director, all VSS staff, the Division Accountant, law enforcement

officer, a prosecutor, and other knowledgeable persons. Representatives from the Iowa Coalition Against Domestic Violence (ICADV) and the Iowa Coalition Against Sexual Assault (IowaCASA) are normally on the ARC. There is thoughtful selection of ARC candidates to reflect diversity in gender, race, ethnicity, rural, urban, skills and expertise.

The VSS utilized both a team of internal and external reviewers. The external reviewers provide comments and scores entirely on the application they are reviewing. The scores and comments are provided to VSS to compile and provide to the internal ARC. One or two external reviewers read, score and provide comments on each application.

Internal ARC review, score and provide both written comments and verbal comments at the ARC meeting. At least two ARC reviewers are assigned to each application for a thorough review. The ARC reviews applications and makes recommendations for funding.

The ARC shall be provided with information related to the applicant's performance with previous funds, the quality and quantity of services provided, and community support for the applicant. The ARC shall review the content of the applications and information provided by the VSS and members of the ARC regarding the applicant and the geographical area to be served. ARC members are required to sign a conflict of interest form.

The VSS is allowed to utilize generally accepted methods of application review including but not limited to checklists, quality scales, points-based systems, written comment by applicant reviewers, formulas based on past funding, population, clients served, region or area served, and available funds.

The VSS Administrator & Division Director oversees and manages the ARC meeting. The general flow of the ARC meeting is as follows:

- VSS Administrator makes introductions of all present, provides logistical information and reviews the process and packet of information with the ARC members.
- Recommendations for award, denial, or increase/decrease in the amount of applications are presented by the ARC along with discussions of the reasons for their recommendations.
- VSS Administrator and CVAD Division Director provide comments about the applications reviewed, including applicants' fiscal history, history of program management, contact with VSS staff, performance reports, and site monitoring reports as well as recommendations for funding.
- Prior to the ARC, the CVAD Accountant provides any additional comments on an applicant's budget, financial history of the program, and audits received from prior funding years to the VSS Administrator and CVAD Director.
- VSS staff records all comments about why a program was recommended for approval or denial, including notes on any special conditions, which may be required of the program.
- A VSS staff person or other designee by the VSS Administrator averages the scoring and funding recommendations by region, and then the entire ARC including VSS staff determines whether this is fair and equitable. The amounts are based on current funding levels, as well as the formula outlined in the Strategic Funding & Services Plan.
- The final funding amount is determined, including any contract special conditions or

areas where the VSS staff can provide technical assistance to the applicant.

- The VSS Administrator, CVAD Accountant, or designee tracks the award amounts, as well as the amount available to distribute for each funding source. The VSS Administrator and/or staff designee, track any contract special conditions and any areas of concern or areas that need technical assistance.
- The ARC is then thanked and released from their duties as reviewers. The VSS Administrator designee or the VSS Administrator provides the final breakdown of the amount of funding allocated to each program recommended by the ARC. ARC reviewers all volunteer their time to participate in the application review.

Award Recommendations and Process

The VSS Administrator shall submit the ARC and VSS staff recommendations for funding awards to the CVAD Director along with the final award recommendations.

The Director presents the recommendations and any alternate recommendations to the Crime Victim Assistance (CVA) Board. The CVAD Director receives two-pronged recommendations from the VSS staff and the ARC: which applicant programs and agencies to designate for funds during the grant cycle, and the amount of funds to be awarded to each designated program. The Director has discretion to present a separate funding recommendation to the CVA Board.

The Board shall consider the recommendations of the ARC and the director to determine final competitive awards to the extent funds are available and the application criteria have been met. The Board

may reject any or all applications. The CVA Board designates the programs and agencies to receive funding and the amount of the contract for each.

Application Review Process for Focus Applications

[Administrative Rule 61-9.57(4)]

In selection of programs for a focus grant, a written proposal shall be solicited from current programs or other interested parties. Interested grantees shall submit a proposal to the director outlining the purpose, cost, and outcome of the proposed grant.

The director shall submit a recommendation to the Deputy Attorney General overseeing the CVAD, who shall make a final decision based on the availability of funds and the merits of the proposal.

Award Notifications

[Administrative Rule 61-9.58(13)]

Each applicant shall be notified, within 90 days after the application due date, regarding approval, or denial of funds and award amounts. The CVA Board and the amount of funds approved for the application. Each applicant receives this notice through either an award letter outlining their tentative funding award amounts, or a denial letter outlining the reason for denial. The letter outlines the Request for Reconsideration (appeal) information.

Requests for Reconsideration or Appeal Process

[Administrative Rule 61-9.59(13)(1-3)]

Each applicant may file with the CVA Board a request for reconsideration (appeal) of the

denial or of the amount of an award. The request for reconsideration must be submitted within ten working days of the date the notice of decision is mailed, or otherwise issued by the CVAD Director to the Applicant. The request must state grounds for reconsideration and must be provided in writing to the CVAD Director.

Upon receipt of a request for reconsideration, the Division Director will provide a copy to the VSS Administrator. At the time a request for reconsideration is received by the director, notice that a request for reconsideration has been filed shall be sent to all approved applicants whose funds may be affected by the request. The VSS Administrator and CVAD Director will provide a written response to the request for reconsideration. The VSS Administrator and CVAD Director will provide the CVA Board or designated committee the following materials:

- appellant's application for funds;
- appellant's letter of appeal and any supporting documentation;
- award notification letter;
- application review notes and recommendations; and
- VSS written response to the appeal.

The board or a committee designated by the board chairperson shall review the request in a timely manner. The CVA Board conducts an appeal hearing to review appeals and determine final funding awards. The CVA Board allows the appellant to address the denial, or award recommendation in-person, or via telephone, at the board meeting. Any applicant who may be adversely affected by the appeal is also invited to attend and participate in the appeal. CVA Board members may ask questions of the appellant. A decision of the board or designated committee shall constitute final agency action.

Funds shall not be disbursed pending a request for reconsideration to the extent the funds are affected by the outcome of the request. Every applicant who could be adversely affected shall be notified if a request for reconsideration is approved, and awards shall be reduced as necessary.

In the event an original award denial or amount decision is overturned, adjustments are made in the region where the appellant is located.

Awarding Contracts

Each applicant designated to receive VSS funding (now called a program) will receive a contract for each funding stream where funds were awarded. Award contracts are normally dispersed the end of June.

Orientation Workshops

The VSS staff will determine if and when an orientation workshop is to be held for funded programs. An Orientation Workshop is an opportunity for VSS staff to provide an overview of certified assurances, contract stipulations, fiscal forms and performance reports. The Orientation Workshop can be held in person or through a webinar services. The VSS staff provides technical assistance on the various forms, reports and procedures throughout the contract period.

Contracts

This section outlines the contract information for funded programs.

Awarding Contracts

[Administrative Rules 61-9.60(13)(1-7)]

Each applicant designated to receive VSS funding (now called a program) will receive a contract for each funding stream where funds were awarded.

The VSS staff issues the contracts only after the CVA Board has made their funding decisions and the timeline for requests for reconsideration (appeals) has lapsed. The VSS or the CVA Board may require modifications of the proposed program, submission of further information or documents, or other stipulations of the applicant. The required modification, information, document, or stipulation shall be specified in the notification of grant award.

Award contracts are normally dispersed in mid-June.

Contract Period

Program's contracts will be issued annually for every year of the three year application period.

The majority of the contracts are issued for a 12-month period beginning July 1st and ending June 30th of the following year. The contract will include the amount of funds awarded for that year. During a multi-year award cycle, a contract is issued annually.

Each funded program must be in compliance with state and federal rules and in good standing with the Victim Services Support

Program (VSS) requirements and procedures to receive funding in the second and third years of the cycle. The amount available to designated programs in the second and third year of the cycle will be based on the State and Federal funds available.

Contract Extensions

Programs will not be allowed to carry over or extend prior awards into the next fiscal year unless determined by the VSS Administrator or the CVAD Director and allowed by the funding requirements. Extensions are determined on a case by case basis with good reason as determined by the VSS Administrator or CVAD Director.

Reversionary Funds

Any prior award amounts remaining unobligated as of June 30 will revert to the VSS Program unless funding requirements, rules or law prohibit the funds for being utilized for more than a one year time frame.

The reversionary funds are awarded out in the next funding cycle. If no new applicants are funded, then the reversionary funds are added to the allocation to current programs for disbursement.

Signing Contracts

Signed Contracts are routinely due on or before August 31st of every year. VSS cannot process your claims for reimbursement until the Program has submitted their signed contract and it has been approved by the VSS Administrator and/or CVAD Director. Approval constitutes the signature by the VSS Administrator.

Your designated representative must sign "Authorized Representative Signature" line in [blue](#) ink. This is the individual designated by your agency to sign contracts. This is almost

always the Board President or Board Chairperson for Victim Service Programs.

Examples of designated representatives include but are not limited to: Executive Director, Program Board President, Program Board Chair, County Supervisor, etc. Once the contract has been signed, please return the contract(s) to your primary VSS staff contact at the following address:

*Crime Victim Assistance Division
Lucas Staff Office Building, Ground Floor
321 E. 12th Street
Des Moines, Iowa 50319*

VSS Administrator, Division Director or Deputy AG may sign the contract on the line entitled, “Authorized Department Signature”. A final copy of the contract will be e-mailed to the agency.

Termination of a Contract

[Administrative Rule 61-9.62(13)(1-3)]

Contracts may be terminated for the following reasons:

- *Termination by funded program (grantee).* The funded program may terminate the contract at any time during the contract period by providing notice to the division.
- *Termination by department.* The department (CVAD) may terminate a contract with a ten-day notice when the funded program or any of its subcontractors fail to comply with the funding award stipulations, standards or conditions. The department may terminate, or reduce a contract when there is a reduction of funds by executive order or otherwise.
- *Termination for cause.* If the funded program fails to fulfill its obligations under the contract agreement properly or on time, or otherwise violates any provision of the agreement, the board may terminate the

agreement by written notice to the funded program. The notice shall specify the acts or omissions relied on as cause for termination. All finished or unfinished products and services provided by the funded program shall, at the option of the department, become state property. The department shall pay the funded program fair and equitable compensation for satisfactory performance prior to receipt of notice of termination, minus any funds owing to the department, e.g., damages for breach, improperly spent funds.

The newly terminated program within 45 days of the termination, shall supply the department with a financial statement detailing all costs incurred up to the effective date of the termination. [Administrative Rule 61—9.63(13)]

The funded program shall defend, indemnify, and hold harmless the state of Iowa, its officers, agents and employees and any of the state’s federal funding sources for:

1. Program’s performance or non-performance of a contract entered into, or violation of these rules.
2. Program’s activities with subcontractors and all other third parties, or any other act or omission by a Program, its agents, officers, and employees. [Administrative Rule 61—9.64(13)]

Financial Information

This section outlines the financial information.

Match Requirement

There is a 25% match requirement imposed on any program receiving VA or FV funds and on any government program receiving VW funds. Victim service agencies are exempt from this requirement for VW grants.

An application made under this program may not cover more than 75 percent of the total costs of the project being funded. The applicant must identify the source of the 25 percent non-Federal portion of the budget and how match funds will be used. Applicants may satisfy the required match with cash or in-kind services, or a combination of the two.

In order to calculate the VA and FV match, multiply the award amount times 25%. As stated above, match must be from non-federal sources based on the VA or FV award amount. Non-profit, nongovernmental victim services programs are not required to make match. Below are a few examples of determining match:

$\$100,000 \text{ FV Award} \times 25\% = \$25,000$

$\$150,000 \text{ VA Award} \times 25\% = \$37,500$

In order to calculate the VW match, multiply the award amount time 33%. As stated above match must be from non-federal sources based on the VW award amount. Non-profit, nongovernmental victim services programs are not required to make match. Below are a few examples for determining match for any government program receiving a VW award:

$\$3,000 \text{ VW Award} \times 0.33333 = \$1,000$

$\$21,000 \text{ VW Award} \times 0.33333 = \$7,000$

Programs required to provide a match must maintain records that clearly show the source, the amount, and the period during which the match was allocated. The basis for determining the value of personal services, materials, equipment, and space must be documented. Volunteer services must also be documented. Match documentation must be provided at least quarterly through the VSS claims reimbursement process. Documentation for the matching funds must be attached to each reimbursement claim. VSS staff can always request more documentation, clarification, or determine the match does not meet the funding stream requirements.

Budget

Starting in SFY2015, the Complete Program Budget for the year of the contract period (July 1st through June 30th of the following year) is due no later than close of business on September 1st, or as designated by the VSS Administrator or CVAD Director. See Appendix A for a copy of the Complete Program Budget Form.

The Complete Program Budget form can be downloaded at the website (financial section): <http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. Designated forms will be provided through this website with an annual update occurring on or before September 15th of every year.

Budget Revision Requests

Budget line items in funding applications are estimates of budget expenditures. A program may need to modify a budget. Programs can request to reallocate the funds to another budget line item.

As of July 1, 2014 Programs may not move any amount among budget line item categories without submitting a formal Budget Revision Request form.

Please note that the budget revision request can be denied if the expense is not allowable or unreasonable. The VSS Administrator recommends the funded program submit a Budget Revision Request form prior to purchasing expenses associated with the change in budget.

All Budget Revision Request Forms can either be faxed or emailed to the Program's primary VSS contact. The budget revision request will be reviewed within 30 days and the Program will be notified regarding approval or denial. The Budget Revision Request Form does not require a signature.

Please see Appendix B for a hard copy of the Budget Revision Request form and instructions. You can download the Budget Revision Request form at the financial section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. Designated forms will be provided through this website with an annual update occurring on or before September 15th of every year.

Claims for Reimbursement

All VSS funds are reimbursement awards. This means the program needs to incur the expense, attach completed forms and documentation for each expense, and submit the expenses to the VSS. Documentation should include any match being claimed for the claim period.

Victim Service Programs submitting claims for reimbursement must submit them on a monthly basis. The VSS Administrator and

CVAD Director can allow other submission with good cause.

Claims are due at the end of month following the expended period. For example, monthly claims for expenditures in July would be due the end of August. Programs are required to file claims timely in order to be in compliance with their contract(s) with VSS.

The Claim for Reimbursement form can be downloaded from the fiscal section of our website:

<http://victimservicegrant.iowa.gov/FiscalFormsInformation.aspx>. (See Appendix C for a blank Claim for Reimbursement Form). Designated forms will be provided through this website with an annual update occurring on or before September 15th of every year.

All victim service programs must submit a Payroll Summary form and Expense Summary forms for all expenses being requested for reimbursement.

The signed claim voucher and all supporting documentation should be assembled in an organized, chronological manner with the Payroll Summary in front of the payroll documentation and each type of Expense Summary in front the documentation for that type of expense. The claim voucher form, payroll summary, expense summary and supporting documentation for all expenses being claimed must be submitted to the Program's primary VSS contact at the following address:

*Crime Victim Assistance Division
Lucas Staff Office Building, Ground Floor
321 E. 12th Street
Des Moines, Iowa 50319*

See Appendix D for a copy of the Payroll Summary, Appendix E for a copy of one of the

Expense Summary Forms and Appendix F for a list of when monthly claims are due.

Appeals Process

When any part of a claim for reimbursement, or budget revision request is denied by the VSS program, the Program has the right to appeal.

Appeal Step 1: The Program must submit an “Appeal Form” (see appendix Z) within 10 business days of receipt of the denial, outlining their rationale for approval. The appeal form must be submitted to the VSS Administrator. The VSS Administrator has 10 business days to respond to the denial, either upholding, or overturning the original decision.

Appeal Step 2: In the event the VSS Administrator upholds the denial, the Program may submit an “Appeal Form” to the CVAD Director. The Director has 10 business days to respond to the denial, either upholding, or overturning the VSS Administrator’s decision.

Appeal Step 3: In the event the Director upholds the denial, the Program may appeal to the CVAD Board. The CVAD Board is the final appeal determination.

During the appeals process, the amount in dispute must remain unspent until a final determination is made. The Program reserves the right to withdraw an appeal at any point in the appeals process.

Expense Categories

Each budget and claim for reimbursement form is broken out by types of expenses or expense categories. Below is a list of the expense categories and on the next few pages there is a detailed chart with examples of the types of items for which a program can

request reimbursement and examples of standard supporting documentation.

- Payroll
- Benefits
- Travel & Training
- Contractual Services
- Equipment
- Repairs/Maintenance
- Rent
- Utilities
- Communications
- Advertising
- Supplies
- Insurance
- Other Direct
- Other Direct – Client Assistance
- Volunteers

Please remember, the Program’s Payroll Summaries and Expense Summaries are required to be included in claims for reimbursement.

All expenses should be considered reasonable. VSS staff have the right to deny an expense if it not allowable under the funding stream, not necessary or deemed to be unreasonable by VSS staff, VSS Administrator and/or CVAD Director.

Other Direct Client Assistance

The purpose of the “Other Direct Client Assistance” section is to provide specific guidelines about reimbursements for other direct client assistance offered to crime victims through programs funded by the Victim Services Support Program (VSS).

Appendix G provides the “Other Direct Client Assistance Form” for programs to complete and utilize when they turn in their claim forms for reimbursement. The last section of your claims for reimbursement will be the completed “Other Direct Client Assistance

Form” and supporting documentation for the Other Direct Client Assistance Form. Appendix H provides instructions on how to complete this form.

Other direct client assistance can be provided with VSS funds, in order to meet the needs of clients. Some common examples of direct client assistance are: rent, utilities, childcare, groceries/grocery cards, gas cards, relocation/moving expenses, work equipment, public transportation, or any reasonable cost deemed necessary to help a client remain safe and/or to achieve self-sufficiency.

Any unique client need will be considered on a case by case basis with justification from the agency. Prior approval should be sought from your primary VSS contact. If prior approval is not sought before paying for a client expense, the Program/Agency assumes the risk the expense will not be reimbursed.

VSS funds cannot be used to provide victims with cash or credit card type gift cards.

All claims for reimbursement for “Other Direct-Client Assistance” expenses must have accompanying receipts or invoices. Each cost should also have a short justification documenting the purpose of the expense.

Example 1 - If your agency is paying for rent assistance for a client, there must be a receipt, or copy of a lease, from the landlord.

Example 2 - If your agency is supplying a victim with a gas card, there must be documentation of the last 4 digits of the card, the amount of the card, and a short explanation of why the card was issued i.e. “transportation to work,” or “transportation to medical appointment.”

Example 3 - If your agency is paying for work equipment, so a client can continue performing

her/his work duties, i.e. work boots, the form would read “work boots supplied to victim to adequately equip her for her return to work duties.” Expense amount-\$75, receipt from Wal-Mart attached to the form.

Any store (grocery, gas, etc.) card provided to a victim requires a short Victim Assistance Form to be signed by both the victim and an agency representative. (See Appendix I). This form should be maintained in the client file at the Program.

If there is any questions about what constitutes adequate supporting documentation for an expense, please ask the Program’s primary VSS contact.

Electronic Fund Transfer (EFT)

Programs are required to receive reimbursement via electronic funds transfer (EFT). Please see Appendix J for a blank copy of the EFT form.

If your agency is submitting claims for reimbursement for the first time please forward a completed EFT form to the Program’s primary VSS contact.

Program Income

Program income means gross income received by the program, directly generated by an award supported activity, or earned only as a result of the award contract or agreement during the grant period. Program income may only be used for allowable program costs. Please consult the most recent Financial Guide by the U.S. Office of Chief Financial Officer.

Expense Category	Examples of Eligible Expenses	Supporting Documentation
Payroll	Payroll of VSS-funded staff for reimbursement or use as match	<ul style="list-style-type: none"> • Payroll check register, or payroll report to verify gross wages • Payroll stubs showing gross pay and distribution • Payroll spreadsheet showing allocation by fund
Benefits	FICA, Health, Dental, Vision, Life, Unemployment Insurances; Retirement and Disability	<ul style="list-style-type: none"> • Premium statements or invoices from insurance or retirement providers • Iowa Workforce Development quarterly SUTA reports • Deposits of payroll taxes • Payroll reports reflecting employer costs
Travel & Training*	Mileage or rental car, meals, lodging, parking, airfare, ground transport, baggage fees, conference registration fees, staff mileage for regular work duties such as transporting victims.	<ul style="list-style-type: none"> • Itemized meal receipts must be included • Itemized hotel statement/invoice • Staff requests for reimbursement • Documentation of travel (mileage record, conference registration form, agenda, etc.) • Travel purpose • Taxi/bus/train receipts • Airline confirmation
Contractual Services^	Book-keeping and accounting fees, security services, therapy services, etc...	<ul style="list-style-type: none"> • Statements or invoices showing the <u>date(s) of service</u>, the <u>total amount owed</u>, the <u>amount paid</u>, and the <u>contract period</u>.
Equipment [□]	Printers, computers, laptops, scanners, tablets, phones, and other equip used for approved programming	<ul style="list-style-type: none"> • Vendor receipts or invoices for each item • A description of the item purchased
Repairs/Maintenance	Building & Equipment maintenance (copier, lawn care, etc.)	<ul style="list-style-type: none"> • Vendor receipts or invoices showing the <u>date or dates of service</u>, the <u>total amount owed</u>, and the <u>amount paid</u>, with <u>a copy of the check</u>.
Rent	Business, shelter & outreach offices	<ul style="list-style-type: none"> • Vendor receipts or invoices showing the rental period & the location address (unless confidential) • Copy of signed contract/lease agreement
Utilities	Electric, water, waste removal, satellite cable	<ul style="list-style-type: none"> • Statements or invoices showing the usage period & the location address (unless confidential)
Communications	Cell phone plans, landline services, internet, intercoms, TDD /relay machines/VP systems, etc...	<ul style="list-style-type: none"> • Statements or invoices from provider
Supplies	General office supplies (folders, pens, staples, etc.)	<ul style="list-style-type: none"> • Vendor receipts or invoices • Employee expense for, (if applicable) • Itemized online order confirmation/receipt

Expense Category	Examples of Eligible Expenses	Supporting Documentation
Insurance	Property, Liability, Vehicle, Board (unemployment should be claimed in benefits)	<ul style="list-style-type: none"> • Insurance premium statements or installment billings
Advertising	Print, internet, tv & radio ads	<ul style="list-style-type: none"> • Paid receipts or invoices-include # of ads, brochures, etc.
Other Direct	Emergency client expenses, emergency shelter including rent assistance, emergency food/essentials, items for self-sufficiency in order to obtain or maintain safety of victims, etc...	<ul style="list-style-type: none"> • Vendor receipts or invoices with description of item(s) <ul style="list-style-type: none"> ○ Write “emergency shelter” on receipt ○ Write “emergency food/essentials” on receipt ○ Write “emergency client needs” on receipt • Cancelled checks/paid itemized credit card receipts • Date expense was incurred & paid

❖ If your victim service program receives more than one VSS funding stream, you must do a Payroll Summary with your claims for reimbursement.

* Out of State Travel must be requested in advance and approved by your primary VSS contact.

^ Audit fees must be pro-rated based on the amount of funds received from each source. If 20% of agency funding comes from FV, then only 20% of audit fees can be requested from the FV fund.

⏏ Please send your primary VSS contact an email with a request to purchase equipment using VSS funds prior to purchasing the equipment. Include the estimated purchase price and designate which VSS fund you would like to use.

Travel Information

The purpose of this is to provide specific guidelines and forms about reimbursements for both in-state and out-of-state travel for programs funded through Victim Services Support Program (VSS).

In-State Travel

If requesting reimbursement for staff travel conducted in the State of Iowa in the course of completing responsibilities associated with any of the VSS contracts your staff will complete a *Travel Payment Form* or *Staff Mileage Payment Form*.

See Appendix K for a copy of the *Travel Payment Form* and Appendix L for a copy of the instructions to complete the *Travel Payment Form*. See Appendix M for a copy of the *Staff Mileage Payment Form* and Appendix N for a copy of the instructions for the *Staff Mileage Payment Form*.



Every year, the VSS Staff will send out an email if the state rate changes, as well as any updates to this summary and/or forms.

As noted above, staff will complete either a *Travel Payment Form* or *Staff Mileage Payment Form* signing under "Claimant's Certification" which states,

"I certify the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and charges were reasonable, proper, and

correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel.

In addition, the necessary individual with the authority to verify the travel claim such as a Supervisor, Program Director and/or Executive Director will sign off on the *Travel Payment Form* certify the following:

"I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated."

The *Travel Payment Form* is the form staff can complete for reimbursement for mileage, meals, lodging and other allowable expenses.

The *Staff Mileage Payment Form* is a form staff can complete for mileage reimbursement only. We recognize the majority of the staff will not have reimbursement for meals, lodging or other items (airfare, cab/bus/shuttle, registration, etc.) on, a daily or monthly basis but potentially will be reimbursed for mileage on a daily basis. The *Staff Mileage Payment Form* allows staff to have more room to track mileage only.

Mileage Rate

Both the *Travel Payment Form* and *Staff Mileage Payment Form* allows staff to be reimbursed for mileage and meals at the state rate. For State Fiscal Year 2015 (7/1/14-6/30/15), the state mileage rate is \$0.39 per mile.

The VSS Program will not reimburse the leasing of vehicles. Mileage may be submitted for allowable, grant activities. Travel must be tracked on the appropriate forms and can be reimbursed at the state rate.

Meal Rate

All meals being claimed for reimbursement must have an itemized receipt, show the location of the meal (city/state), name of the restaurant, date and time of meal.

A charge card receipt that does not show the itemized food, drink and tax will not be accepted. Only the VSS Administrator or CVAD Director can make an exception to this rule/procedure.

If an itemized receipt does not have the name or location of the restaurant, the "Claimant" (Advocate/Staff) completing the *Travel Payment Form* must write on the receipt the name of the restaurant, location (city and state), date and time of meal and then sign the itemized receipt.

If an itemized receipt can not be read because the copy makes the receipt unreadable then this meal expense will not be accepted for reimbursement and removed from the reimburseable amount.

Tips are allowable with your state funds, but not your federal funds. Tips are allowable for no more than 15% of the food bill up to the maximum allowed for reimbursement. The tip is to be calculated on the sub-total of food and drink before the tax has been applied.

Staff will not be reimbursed for meals in the course of their every day duties in their service area. The exceptions to this are: (1) attendance at the Statewide Coalition meetings, (2) travel outside of their service area, and/or (3) attendance at a full or multi-day conference or training. Please note that in-service trainings for staff and volunteers do not count for reimbursement.

The meal rate is outlined in the table below and will be updated annually as the State of Iowa determines these amounts.

Table 1: In-State Meal Reimbursement Rates	
Breakfast	\$5.00
Lunch	\$8.00
Dinner	\$15.00
Total	\$28.00

Breakfast will only be reimbursed if the claimant (Advocate/Staff person) leaves or departs before 6:00 a.m. on the date of travel. Dinner will only be reimbursed if the claimant (Advocate/Staff person) returns after 7:00 pm.

You can go to the following State of Iowa website to obtain updated meal reimbursement rates for in-state travel: http://das.sae.iowa.gov/travel_relocation/in_state_travel.html then click on "In-State Travel Reimbursement Summary".

No alcohol expenses will be reimbursed to any claimant (Advocate/Staff person) or agency.

Lodging

The Program will receive actual reimbursement for the actual costs of reasonable lodging accommodations plus tax. Lodging receipts/invoices must show the lodging expenses were paid or there is a zero balance and show the itemized expenses for each night of the claimant's (Advocate/Staff person) stay.

Programs will not be reimbursed for lodging or other items outlined on the Travel Payment Form unless these items are associated with (1) attendance at the Statewide Coalition meetings as long as your home is not in the county hosting the meeting, (2) travel outside

of their service area, and/or (3) attendance at a full or multi-day conference or training. If the claimant (Advocate/Staff person) lives in the county for which the conference or training is held, they will not be reimbursed for lodging.

Registration Fees

Registration fees for a conference or training may be paid by the individual, or by the agency. A paid receipt must be furnished for reimbursement. If no receipt is available, a printed copy of the registration form or electronic registration acknowledgement, matched with a copy of the canceled check (front and back) or credit card receipt with appropriate information on the credit card statement, will be accepted.

A copy of the registration form and the agenda including information about any meal provided must be attached.

Please note: all out-of-state travel must be approved by the Program's primary VSS staff and the VSS Administrator prior to the travel. The CVAD Director can also approve travel in the VSS Administrator's absence.

The VSS Staff and/or Administrator may deny a registration fee, or travel expenses surrounding a conference/training if determined (1) not to be a reasonable cost, (2) not associated with the intent of the VSS funds, or (3) Program staff have already attended multiple conferences/trainings within this fiscal year. If in doubt ask permission to send staff to a training/conference.

The claimant (Advocate/Staff person) is responsible for the cancelation of all reservations and registrations. If canceling for personal reasons, the employee must pay any fees. If canceling due to a serious illness or death in the immediate family, the authorized

individual who signs, must approve and a doctor's note or other documentation may be required to have on file.

Vehicle Expenses

The VSS Program will not reimburse for gas, maintenance, insurance or other expenses associated with an agency owned or leased vehicle, or claimant (Advocate/Staff person) vehicle. The VSS Program can reimburse mileage for these vehicles for allowable grant activities. An Advocate/Staff person will complete a *Staff Mileage Payment Form or Travel Payment Form* to be reimbursed for mileage. An agency owned or leased vehicle must complete the *Vehicle Mileage Form* provided in Appendix O with the instructions located in Appendix P of this document.

The VSS Program will consider rental car fees and actual costs of gas, if the Program can demonstrate the vehicle was utilized for an allowable activity (i.e. coalition meeting, conference attendance, etc.) and renting a vehicle was more cost effective than utilizing a private vehicle. If the costs to rent a vehicle are greater than the costs of mileage, the Program will only be reimbursed for the lower expense amount. Receipts for gas must be included with the expense reimbursement claim form in order to be considered.

Example:

Event-Conference attendance. Rent a vehicle for \$100/day + \$50 gas = \$150
Roundtrip mileage-200 miles. Mileage reimbursement would have been $200 \times .39/\text{mile} = \78 . The Program would only be eligible for \$78 in reimbursement costs, as the rental car is not more cost effective.

Other (Miscellaneous Expenses)

Original receipts must be attached to the *Travel Payment Form* to receive reimbursement

for other miscellaneous expenses. Only certain miscellaneous expenses are allowable such as airfare, parking, bus, cab, shuttle, luggage fee, registration and tolls. Other miscellaneous items may be reimbursed if the VSS staff and/or Administrator deem them to be reasonable and appropriate, with adequate documentation.

Out-of-State Travel

All out-of-state travel must be prior approved by the Program's primary VSS contact and the VSS Administrator. In order to request attendance at an out-of-state conference or meeting, the agency must submit a completed Out-of-State Travel Request form, outlining the projected expenses for the travel, list of staff to attend, agenda and registration information, or a link to review this information. See Appendix Q for a copy of this form and instructions. A staff person who has been approved for out-of-state travel will complete a Travel Payment Form.

All Programs/Agencies must utilize the state designated out-of-state meal rates, as summarized in the following link on the Iowa Department of Administrative Services (DAS) website:

http://das.sae.iowa.gov/travel_relocation/us-states.html. Each city will have a level associated with it. Once you have found your city level (1, 2, 3 or 4) then find the amount of funds available for each meal as listed below. If a city is not listed, the level 1 tier should be used.

All information outlined in the "In-State Travel sections: *Mileage Rate, Meal Rate, Registration and Other (Miscellaneous) Expenses*" section must also be followed for out-of-state travel. The only exception to this is the meal rate changes for out-of-state travel, indicated in Table 2 above, "Out-of-State Meal Reimbursement Levels".

Please refer to the Frequently Asked Questions (FAQs) regarding travel questions. If after referring to the FAQs additional clarification is needed, then please contact the Program's primary VSS contact.

Table 2: Out-of-State Meal Reimbursement Levels

	Level 1	Level 2	Level 3	Level 4
Breakfast	\$7.00	\$7.00	\$8.00	\$9.00
Lunch	\$8.00	\$9.00	\$10.00	\$11.00
Dinner	\$16.00	\$21.00	\$25.00	\$30.00
Total:	\$31.00	\$37.00	\$43.00	\$50.00

Program Information

The Program Information provides more detail about requirements for VSS funded programs.

Primary VSS Contact

Each region or community is assigned a designated VSS staff person to be the primary contact on their VSS-contract(s). The primary VSS staff person is the individual who will routinely review the Program's funding application, budget, budget revision requests, claims for reimbursement and performance reports.

The primary VSS staff person will also conduct Site Monitoring Visits. On occasion, another VSS staff person may also review this information and provide assistance. If the primary VSS contact is out of the office and immediate assistance is needed, please contact any of the VSS staff.

Each funded program has a designated VSS staff person assigned as their primary contact.

Email Contacts

The VSS program utilizes a database to send emails regarding information about contracts, claims, reports, upcoming training, etc. Each agency lists up to three contacts in the online application for funding. Please update this information annually by contacting your primary VSS contact.

Program Staff Updates

Your program is required to provide the VSS program with updates within 30 days when there is turnover in staff funded with VSS funds and when there is turnover in staff when

their payroll or benefits are used as match on VSS funds.

Programs should also report any other change in key personnel. The agency must also notify the primary VSS staff by submitting the completed Staff Update form via email or in hard copy. If any VSS funded positions remain vacant for 45 days or more, the notification must include the reason for vacancy and a plan for filling the position. Please see Appendix R for the Program Staff Update form.

Performance Reports

Performance Reports are an essential part of communication between programs and the Victim Services Support (VSS) staff. These required reports provide updates on the progress of the funded programs, as well as supply required statistical information.

See Appendix S for a list of performance reports and due dates.

All performance report forms can be downloaded from the performance report section of the Programs Assistant website at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>. All reports and forms are updated annually, at a minimum, on or before September 15th of every year.

Please email completed reports directly to the Program's primary Victim Services Support Program (VSS) contact. The following is a breakdown of the various types of required Performance Reports. Please pay special attention to which reports(s) are required, based on the type of funds received from the Victim Services Support Program.

Bi-Annual VSS Performance Reports:

All VSS funded programs are required to submit VSS Performance Reports on a bi-annual basis. The Bi-Annual VSS Performance

Report for each new contract period will be sent out in July of every year.

The Bi-Annual Performance Reports and Instructions can be downloaded from the performance report section of the Programs Assistant website at:
<http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>. All reports and forms are updated at least one time per year, no later than September 15th of every year.

Violence Against Women (VW) Annual Performance Reports:

Each program receiving Violence Against Women (VW) funds must complete an annual Violence Against Women Performance Report, as is required by the Federal Office on Violence Against Women.

The VW Annual Performance Report and Instructions can be downloaded from the performance report section of the Programs Assistant website at:
<http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>. All reports and forms are updated at a minimum of annually by August 31st of every year.

Sexual Assault Services Program (SF) Annual Performance Reports:

Each program that receives Sexual Assault Services Program (SASP, SS or SF) funds must complete an annual Sexual Assault Services Program Performance Report, as is required by the Federal Office on Violence Against Women.

The SF Annual Performance Report and Instructions can be downloaded from the performance report section of the Programs Assistant website at:
<http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>

Family Violence Prevention and Services Act (FV) Annual Performance Reports:

Each program that receives Family Violence Prevention and Services Act (FV) funds must complete an annual FV Performance Report, as is required by the Federal Department of Health and Human Services.

The FV Annual Performance Report and Instructions can be downloaded from the performance report section of the Programs Assistant website at:
<http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>. All reports and forms are updated at least one time a year, no later than September 15th.

Publications

Any materials publicized or resulting from VAWA or VW funded activities shall contain an acknowledgement of the awarding agency assistance.

“This project was supported by subgrant No. _____ awarded by the state administering office for the STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the view of the Department of Justice, Office on Violence Against Women.”

The Program will submit one copy of all reports and any other written materials, or products funded with VW funds. The Program will submit it to the VSS through the Iowa Attorney General’s Crime Victim Assistance Division no less than 30 days prior to public release. If the written material is found to be outside the scope of the program, or in some way compromises victim safety, it will need to be revised to address these concerns, or the funded program will not be

allowed to use VW funds to support further development, or distribution of the materials.

Any materials publicized or resulting from SASP or SF funded activities shall contain an acknowledgement of the awarding agency assistance.

“This project was supported by subgrant No. _____ awarded by the state administering office for the SASP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Justice, Office on Violence Against Women.”

The Program will submit one copy of all reports and any other written materials or products funded with VW funds. The Program will submit it to the VSS program through the Iowa Attorney General’s Crime Victim Assistance Division no less than 30 days prior to public release. If the written material is found to be outside the scope of the program or in some way compromises victim safety, it will need to be revised to address these concerns, or the funded program will not be allowed to use VW funds to support further development, or distribution of the materials.

Monitoring and Oversight

Monitoring and Oversight

Each funded applicant (“funded program”) is monitored both programmatically and fiscally.

The Primary VSS contact reviews the designated programs’ applications, budgets, budget revision requests, claims for reimbursement, audit summary, performance reports and contracts, as well as conducts onsite monitoring and/or desk monitoring audits. In addition, CVAD has a Certified Public Accountant on staff who reviews all budgets, budget revisions, claims for reimbursement, audit(s) and the financial piece of each application.

On-Site Monitoring

Site Monitoring (SM) visits are conducted a minimum of once every three years by the Primary VSS contact. Funded programs receiving \$25,000 or less in CVAD funds, are subject to a desk review once every three years with a SM visit conducted once every 6 years (All of our victim service programs receive over \$25,000 in CVAD funds).

The elements included in a SM visit are outlined below:

- Funded programs submit a completed pre-site monitoring survey to their CVAD primary contact prior to the SM visit. CVAD Accountant and CVAD primary contact discuss any concerns or additional items for review at the SM visit.
- CVAD staff reviews funded programs files and policies related to the programming and funds, interviews key staff members, conducts discussion of the program’s

organizational structure, policies, programming, collaborations, challenges and success; review progress measures and timelines, review fiscal documentation and checks compliance with federal and state assurances and standards. The CVAD staff discusses best practices with the funded program in an effort to improve services to crime victims.

- CVAD staff prepare a Site Monitoring (SM) Report based on the SM Visit. The SM Report includes recommendations and requirements with a required timeline for a response and compliance. The SM Report is forwarded to key personnel such as the Executive Director and Board Chair of a non-profit organization.

Technical Assistance

Technical Assistance (TA) visits and meetings are conducted as needed when there are questions, concerns or clarification needed around programming, policies and fiscal matters. TA meetings are arranged at the request of the program, or when the need is identified by CVAD staff or a community member or organization. The program also conducts conference calls with a focus on a specific issue as needed. CVAD staff also provide technical assistance to funded programs throughout the year via email, phone, or in-person meetings.

In addition, the Iowa Coalition Against Domestic Violence and the Iowa Coalition Against Sexual Assault designated a staff person to each funded victim service program to assist the Program in transitioning to the new service model, as well as to provide technical assistance. The ICADV & IowaCASA staff, designated CVAD staff providing oversight to the programs, VSS Administrator and CVAD Director meet to discuss any concerns and brainstorm possible solutions.

Desk Review (Performance Reports, Fiscal Forms & Audits)

The VSS staff conducts two types of desk review: (1) Formal Desk Review, and (2) Ongoing/Daily Desk Review.

The Formal Desk Review is conducted when a SM visit cannot occur, but a more formal review is needed. VSS staff gathers and reviews the program's program file, fiscal files and information. VSS staff outlines any concerns, red flags or accomplishments. VSS staff then contacts the funded program and conducts a question and answer session via conference call. VSS staff writes a report outlining any recommendations or requirements. The report is then provided to the key personnel of the funded program.

Ongoing Desk Review is conducted daily, weekly, quarterly or bi-annually. Examples of ongoing desk review are the reviewing of performance reports, fiscal claims for reimbursement, budget, budget revision requests, and audits.

- *Performance Reports:* Funded Programs are required to submit two bi-annual performance reports and any other reports as required by their federal funds. The primary contact on VSS staff reviews designated funded programs' Performance Reports and conducts any necessary follow-up. Another VSS staff member quality checks the report in addition to the primary review by the primary contact. This ensures nothing is overlooked or missed.
- *Fiscal Information:* Funded programs are required to submit an annual budget, monthly or quarterly claims for reimbursement, and audits as required by federal and state regulations.

- *Budgets* are reviewed by the CVAD Accountant and the funded program's primary VSS contact. The CVAD Accountant conducts any follow-up necessary on the financial information provided. The primary CVAD contact reviews the budget for compliance with programming requirements and their application. CVAD staff enters the budget into the database system for tracking purposes.
- *Budget Revision Requests* are submitted if a program would like to move funds from one expense item to another. All *Budget Revision Requests* are reviewed by the program's primary VSS contact, VSS Administrator (CVAD Director when Administrator is absent.) and the CVAD Accountant. Any can conduct follow-up as needed to clarify justification or expenses.
- *Claims for Reimbursement* are submitted by funded programs in order to receive reimbursement on award/funds and must submit either monthly or quarterly claims for reimbursement. Each claim is reviewed by a VSS staff and quality controlled by the CVAD Accountant for necessary documentation, allowable costs, and funding requirements. Each program must provide documentation that the expense has been incurred.
- *Audits* are submitted by the programs and reviewed by the CVAD Accountant, who is also a Certified Public Accountant. Funded programs submit their audits based on federal and state audit requirements. The CVAD

Accountant conducts any necessary follow-up and provides a summary for the funded program's audit to the Program's primary contact on CVAD staff.

The VSS staff conducts an annual orientation to funded programs both new and continuously funded programs. Orientation takes place in person and through webinars. Annual orientation provides an opportunity for programs to receive more information and ask questions regarding funding requirements, certified assurance, financial forms, performance reports, performance expectations, etc.

CVAD is subjected to an annual audit by the State Auditor's office, where reimbursements to programs, appropriate documentation and other associated paperwork is reviewed for errors. CVAD is also audited every three years at a minimum by the Federal Department of Justice.

Certified Assurances

Please note that the Program is required to abide by the signed assurance and any updates outlined in the signed assurances. Failure to abide by certified assurances could suspend or terminate contracts associated with the violation of said assurance. See the list below for the location of the Certified Assurances in this document and the associated funding stream.

Appendix T: State DA & SA
Appendix U: Federal FV or FVPSA
Appendix V: Federal SASP or SF
Appendix W: Federal VOCA or VA
Appendix X: Federal VAWA or VW

Other Certified Assurances can be found at the Program Assistant website located at <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx>. All reports and forms are updated at a minimum of annually on or before September 15th of every year.

If you have any questions about certified assurances please contact your primary VSS contact or VSS Administrator.

IowaGrants.Gov

The VSS will be converting to IowaGrants.Gov by January 1, 2015. More information will follow in subsequent weeks.

All forms in the appendices appear larger/smaller in order to fit into this document. Some forms may take a couple of pages in this document, but actual documents may be only 1 page.

Actual form size can be determined by downloading all forms Program Assistant website located at <http://victimservicegrant.iowa.gov/PerformanceReportMain.aspx>. All reports and forms are updated at a minimum of annually by September 15th of every year.

Appendix A

Program Budget Form

List Program Name Here:

Domestic Abuse (DA) Comprehensive Budget

Projected Budget for SFY2015 (7/1/14-6/30/15)

Payroll <u>List Position Below</u>	Total <u>Expense</u>	VSS Funds				Non-VSS Funds									
		<u>DA</u>	<u>FV</u>	<u>VA</u>	<u>VW</u>	<u>City or</u> <u>County</u>	<u>United</u> <u>Way</u>	<u>HSOG</u>	<u>ESG</u>	<u>Donations/</u> <u>Fundraising</u>	<u>Other</u>	<u>Other</u>	<u>Other</u>	<u>Other</u>	<u>Other</u>
	0.00														
Payroll Subtotal															
<u>Other Expenses</u>															
Benefits	0.00														
Travel/Training	0.00														
Contracted Svc	0.00														
Equipment	0.00														
Repairs/Maint.	0.00														
Rent	0.00														
Utilities	0.00														
Communications	0.00														
Advertising	0.00														
Supplies	0.00														
Insurance	0.00														
Other Direct	0.00														
Other Direct-Client Ass.	0.00														
Volunteers															
Fund Totals	0.00														

% of VSS Funds: _____
Staff in Full-Time Equivalents: _____

New Staff in Full-Time Equivalents: _____
Number of New Staff: _____

Appendix B

Budget Revision Request Form

IOWA DEPARTMENT OF JUSTICE
 Iowa Attorney General's Crime Victim Assistance Division
 Victim Services Support Program (VSS)

CONTRACT NUMBER	Budget Revision Request Form	VENDOR NUMBER
VENDOR (AGENCY) NAME & CITY	PREPARED BY (NAME)	
	PREPARER'S EMAIL:	
	PREPARER'S PHONE:	

	BUDGET		
Expense Category	Current	Change (+/-)	New Budget
Payroll			
Benefits			
Travel & Training			
Contracted Service			
Equipment			
Repairs & Maint.			
Rent			
Utilities			
Communications			
Advertising			
Supplies			
Insurance			
Other Direct			
Other Direct - Client Ass.			
Total	0.00	0.00	0.00

Please provide a brief justification for this budget revision request.

Do not fill out the section below as it is for the Primary VSS Staff to complete.

Are you recommending approval?

☐ Yes

☐ No

Reason for recommendation:

Primary VSS Staff Signature:

Date:

Do not fill out the section below as it is for the CVAD Accountant to complete.

Any Concerns with Budget Revision Request:

CVAD Accountant Signature:

Date:

Do not fill out the section below as it is for the VSS Administrator to complete.

Are you recommending approval?

☐ Yes

☐ No

VSS Administrator Signature:

Date:

Appendix C

Claims for Reimbursement Forms

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division
Victim Services Support Program

Claim Voucher Form						
CLAIM PERIOD (Month/Year):	FUND		CONTRACT NUMBER	VENDOR NUMBER		
STATE FISCAL YEAR			TYPE OF PROGRAM (DAC, SAC, SH, CJ, Other, etc.)			
VENDOR NAME AND ADDRESS			VENDOR CONTACT EMAIL ADDRESS			
			VENDOR CONTACT PHONE NUMBER			
EXPENSE TYPE	EXPENDITURES				MATCH	
	BUDGET	CLAIM	YTD	BALANCE	CLAIM	BALANCE
Payroll						
Benefits						
Travel & Training						
Contractual Services						
Equipment						
Repairs & Maintenance						
Rent						
Utilities						
Communications						
Advertising						
Supplies						
Insurance						
Other Direct						
Other Direct - Client Assist.						
TOTALS:						

Award Amount:	
Remaining Award Balance from Previous Claim:	
Current Claim Total:	
Award Balance:	

CLAIMANT'S CERTIFICATION		DEPARTMENT'S CERTIFICATION (CVAD)	
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form.		I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated by the contract number.	
TITLE	DATE	CVAD AUTHORIZED SIGNATURE	DATE
CLAIMANT'S SIGNATURE		CVAD ACCOUNTANT	DATE
<i>CVAD Accountant will e-mail the original document number & date paid after 1st claim is paid</i>	ORIGINAL DOC #: AGKH	ORIGINAL DATE PAID	

(This document is actually one page but appears larger font and smaller columns in order to adequately fit into this document.)

Appendix D

Payroll Summary Form

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division
Victim Services Support Program

PAYROLL SUMMARY FOR CLAIM VOUCHERS												
CLAIM PERIOD (Month/Year):			VENDOR (AGENCY) NAME:			VENDOR CITY			VENDOR NUMBER			
New Staff	Employee	Title	Direct Service %	Gross Wages	Total Payroll Claimed	DA	FV	SA	SF	PA	VA	VW
Total:						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Gross Wages	Total Payroll Claim	DA	SA	FV	SS	PA	VA	VW

(This document is one page but has more lines, but was adjusted in order to adequately fit into this document.)

Appendix E

Example of one of the Expense Summary Forms

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division
Victim Services Support Program

BENEFITS EXPENSE SUMMARY				
CLAIM PERIOD (Month/Year):		FUND	CONTRACT NUMBER	VENDOR NUMBER
DOC #	DATE	TYPE OF INVOICE/RECEIPT	AMOUNT	
TOTALS:			-	

Appendix F

Due Dates for Claims for Reimbursement

Monthly Claim Vouchers for Reimbursement

Claim Period	Due Date
July 1 st -31 st	August 31 st
August 1 st -31 st	September 30 th
September 1 st -30 th	October 31 st
October 1 st -31 st	November 30 th
November 1 st -30 th	December 31 st
December 1 st -31 st	January 31 st
January 1 st -31 st	February 29 th
February 1 st -29 th	March 31 st
March 1 st -31 st	April 30 th
April 1 st -30 th	May 31 st
May 1 st -31 st	June 30 th
June 1 st -30 th	July 31 st

Appendix G

Other Direct Client Assistance Form

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division
Victim Services Support Program (VSS)

Other Direct - Client Assistance

STATE FISCAL YEAR:

CONTRACT NUMBER:

VENDOR NUMBER:

CLAIM PERIOD:

<u>RENT ASSISTANCE:</u>					COUNTY OF	<u>VENDOR # or</u>	<u>CHECK # or</u>		<u>Sub- Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>LANDLORD</u>	<u>MONEY ORDER #</u>	<u>AMOUNT</u>	<u>\$0.00</u>

<u>UTILITY ASSISTANCE:</u>					COUNTY OF		<u>CHECK # or</u>		<u>Sub- Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>MONEY ORDER #</u>	<u>COMPANY/AGENCY</u>	<u>MONEY ORDER</u>	<u>AMOUNT</u>	<u>\$0.00</u>

<u>GAS CARD:</u>					COUNTY OF				<u>Sub- Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>COMPANY/AGENCY</u>	<u>Last 4 Digits:</u>	<u>AMOUNT</u>	<u>\$0.00</u>

GROCERY CARD:										
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>COUNTY OF</u>	<u>SERVICE</u>	<u>COMPANY/AGENCY</u>	<u>Last 4 Digits:</u>	<u>AMOUNT</u>	<u>Sub-Total</u> \$0.00
OTHER DIRECT FINANCIAL ASSISTANCE:					<u>COUNTY OF</u>			<u>CHECK #</u>		<u>Sub-Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>COMPANY/AGENCY</u>		<u>OR MONEY ORDER</u>	<u>AMOUNT</u>	<u>\$0.00</u>
Total Other Direct Amount Claimed:										\$0.00
AUTHORIZED CERTIFICATION										
I certify that the items for which payment is claimed were furnished for s\client needs within the terms of the Agency's award contract under the authority of the law and the charges are reasonable, proper, and correct, and no part of this claim has been paid by another funding source.										
DATE							TITLE			
AUTHORIZED SIGNATURE										

Appendix H

Instructions for Other Direct Client Assistance Form

Iowa Attorney General's Crime Victim Assistance Division

Other Direct - Client Assistance

STATE FISCAL YEAR:	2015	CONTRACT NUMBER:	DA-15-105-DAC
VENDOR NUMBER:	123456789	CLAIM PERIOD:	July-14

Doc.#	CL	Vendor (Agency) Name:	State Fiscal Year:	JUSTIFICATION	Contract Number:	Sub-Total	
1	2	<ul style="list-style-type: none"> Type or write in your agency's vendor number that identifies you with Iowa Dept. of Revenue. See example. 	<ul style="list-style-type: none"> Enter State Fiscal Year. For example: 7/1/14-6/30/15 is State Fiscal Year 2015. See Red 2015 above. 	continue safe home/shelter	<ul style="list-style-type: none"> Enter the contract number for which you are claiming reimbursement for client assistance. 	\$1,550.00	
2	2			continue safe home/shelter		<ul style="list-style-type: none"> Claim Period (Month/Year): 	
3	2			continue safe home/shelter			
<div> <div> <u>UTILITY</u> </div> <div> <ul style="list-style-type: none"> Enter claim period in month and year. See example in red above: "July 2014." </div> </div>							Sub-Total
4	2			Offender Stole Funds		\$105.75	
<u>GAS CARD:</u>						Sub-Total	

<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>COMPANY/AGENCY</u>	<u>Last 4 Digits:</u>	<u>AMOUNT</u>	\$75.00
5	2014-42	7/1/2014		Work	Casey's Gas Card	5894	\$25.00	
6	2014-35	7/1/2014	Gas Card	Court appointment	Hy-Vee Gas	6894	\$50.00	
<u>GROCERY CARD:</u>								<u>Sub-Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>COMPANY/AGENCY</u>	<u>Last 4 Digits:</u>	<u>AMOUNT</u>	\$75.00
7	2014-07	7/1/2014	Grocery Card	Groceries	Hy-Vee	5888	\$75.00	
<u>OTHER DIRECT FINANCIAL ASSISTANCE:</u>								<u>Sub-Total</u>
						-	-	
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>COMPANY/AGENCY</u>	<u>CHECK #</u>	<u>AMOUNT</u>	\$0.00
<i>Explain/Describe Bill</i>								
Total Other Direct Amount Claimed:								\$1,805.75

Type of Assistance or Subcategory is listed:

Rent Assistance, Utility Assistance, Gas Card, Grocery Card, Other Assistance.



<u>RENT ASSISTANCE:</u>					<u>COUNTY</u> <u>OF</u>	<u>VENDOR # or</u>	<u>CHECK # or</u>		<u>Sub-Total</u>
<u>Doc.#</u>	<u>CLIENT</u> <u>#</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>LANDLORD</u>	<u>MONEY</u> <u>ORDER #</u>	<u>AMOUNT</u>	<u>\$1,550.00</u>
1	2014-01	7/1/2014	July 2014 rent (\$350/month)	Continue safe home/shelter	Jasper	R & J, Inc.	1171	\$350.00	
2	2014-59	7/1/2014	July 2014 rent (\$450/month)	Continue safe home/shelter	Polk	McFudd's Rental	1172	\$450.00	
3	2014-61	7/1/2014	July & August 2014 rent (\$375/month)	Continue safe home/shelter	Warren	J.R. & DJP Rental	1173	\$750.00	
<u>UTILITY ASSISTANCE:</u>					<u>COUNTY</u> <u>OF</u>				<u>Sub-Total</u>
<u>Doc.#</u>	<u>CLIENT</u> <u>#</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>COMPANY/AGENCY</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>\$105.75</u>
4	2014-09	7/1/2014	August 2014 Utility Bill	Offender Stole Funds	Jasper	Alliant Energy	1180	\$105.75	

<u>GAS CARD:</u> - - - <u>COUNTY</u> <u>OF</u> - - -								<u>Sub-Total</u>	
<u>Doc.#</u>	<u>CLIENT</u> <u>#</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>COMPANY/AGENCY</u>	<u>Last 4 Digits:</u>	<u>AMOUNT</u>	\$75.00
5	2014-42	7/1/2014	Gas Card	Work	Jasper	Casey's Gas Card	5894	\$25.00	
6	2014-35	7/1/2014	Gas Card	Court appointment	Jasper	Hy-Vee Gas	6894	\$50.00	

Doc.#: You will number each corresponding attached document that is related to the expense requested for reimbursement.

Client Number: Enter the client number in order to track the expense back to the victim or client.

Date: The date of the document/service.

Purpose/Description:

- Provide a brief description or purpose of the corresponding expense. Under Rent Assistance there are 3 examples: July 2014 rent (\$350/month). When explaining rent assistance please provide the rent amount and months of coverage.

Justification of Expense: Provide a brief justification.

County of Service: County of where the service occurred.

Vendor # or Landlord or Agency/Company Name: Provide the name of the landlord or agency/company the check was written too. You can provide a vendor # if your agency has one to identify the landlord.

Check # or Money Order #: Provide the check number or the money order number for the corresponding expense.

Amount: Enter the amount of the expense.

Sub-Total: Form will automatically total the expenses for that other direct/expense subcategory

<u>RENT ASSISTANCE:</u>									
									<u>Sub-Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>					<u>AMOUNT</u>
1	2014-01	7/1/2014	July 2014 rent (\$350/month)	Continue safe home/shelter					\$350.00
2	2014-59	7/1/2014	July 2014 rent (\$450/month)	Continue safe home/shelter	Polk	McFudd's Rental	1172	\$450.00	
3	2014-61	7/1/2014	July & August 2014 rent (\$375/month)	Continue safe home/shelter	Warren	J.R. & DJP Rental	1173	\$750.00	
<u>UTILITY ASSISTANCE:</u>					<u>COUNTY OF</u>				<u>Sub-Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>COMPANY/AGENCY</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>\$105.75</u>
4	2014-09	7/1/2014	August 2014 Utility Bill	Offender Stole Funds	Jasper	Alliant Energy	1180	\$105.75	
<u>GAS CARD:</u>					<u>COUNTY OF</u>				<u>Sub-Total</u>
<u>Doc.#</u>	<u>CLIENT #</u>	<u>DATE</u>	<u>PURPOSE/DESCRIPTION</u>	<u>JUSTIFICATION</u>	<u>SERVICE</u>	<u>COMPANY/AGENCY</u>	<u>Last 4 Digits:</u>	<u>AMOUNT</u>	<u>\$75.00</u>
5	2014-42	7/1/2014	Gas Card	Work	Jasper	Casey's Gas Card	5894	\$25.00	

Claim Amount:

- Each type of expense (section) (Rent Assistance, Utility Assistance, etc.) will automatically total on the highlighted line under the “Sub-Total” column.



Authorized Certification:

- This form needs to be signed by someone authorized to verify the information and to certify that

“the items for which payment is claimed were furnished for client needs within the terms of the Agency's award contract under the authority of the law and the charges are reasonable, proper, and correct, and no part of this claim has been paid by another funding source.”

- Program Director, Executive Director, Supervisor, etc.



AUTHORIZED CERTIFICATION

I certify that the items for which payment is claimed were furnished for s\client needs within the terms of the Agency's award contract under the authority of the law and the charges are reasonable, proper, and correct, and no part of this claim has been paid by another funding source.

DATE **August 5, 2014**

TITLE

Division Director

AUTHORIZED SIGNATURE

Janelle Melohn

Appendix I

Example of a Victim Assistance Form

(Please put on your agency letterhead)

(AGENCY NAME/LETTERHEAD)

I, _____ receive a gift card
to _____

with the ending 4 digits being _____ in the amount of \$ _____

on _____ (date).

As discussed with my advocate, this card will be used for the purposes of:

Agency Representative

Client Signature

Date

Date

Appendix J

Electronic Funds Transfer (EFT)

Form

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

IOWA DEPARTMENT OF REVENUE AND FINANCE

VENDOR NAME (Business Name, Governmental Unit Name, or Individual

Name): _____

VENDOR IDENTIFICATION NUMBER (Federal ID Number or Social Security

Number): _____

DIRECT DEPOSIT INFORMATION:

Financial Institution Name _____

Address _____

ABA Routing Number (9 digits) _____

Account Number at Financial Institution _____

Checking Account _____ or Savings Account _____ (Mark One)

I hereby authorize the State of Iowa to initiate a deposit entry and to initiate if necessary any adjustments or debit entries for any deposit made in error to the Account Code specified above. **I understand that the State of Iowa can only deposit funds into one account in one financial institution, therefore all payments made by the State of Iowa will be deposited into the account named here.**

AUTHORIZED BY:

SIGNATURE _____

NAME _____

TITLE _____

TELEPHONE NUMBER _____

DATE _____

Mail or Fax Completed Form to:
Lucas State Office Building
Crime Victim Assistance Division (CVAD)
Attn: Kristi Hill
321 East 12th Street
Des Moines, IA 50319
Fax #: 515-281-8199

Appendix K

Travel Payment Form

(The form on the next page size was modified to fit into this document.)

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the form in the correct spacing. Website will be update prior to 9/15/14 with forms.

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division

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STATE FISCAL YEAR	Travel Payment Form	CLAIM PERIOD (Month/Year):
ADVOCATE/STAFF NAME & TITLE	TIME PERIOD (MONTH/YEAR):	
	VENDOR (AGENCY) NAME:	

DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE	Actual			MEAL TOTALS	Reimb.			LODGING	OTHER ITEMS	
							MEAL				MEAL					
							REIMBURSEABLE MEALS				MEAL					
							B	L	D		B	L	D			
TOTALS:							TOTAL ACTUAL MEALS:				TOTALS:					

Other Travel Items:

A- Air; B-Bus/Cab/Shuttle; P-Parking; R-Registration;

L - Luggage; T-Tolls; O-Other (Explanation):

Travel Total:	
Amount Paid with Non-VSS Funds:	
Reimbursement Requested:	

Please designate the fund(s) along with the amount that you are requesting reimbursement from each.

Domestic Abuse Comprehensive (DAC)**Program:**

State DA:	Federal FV:	Federal VA:	Federal VW:			Other:

Sexual Assault Comprehensive (SAC) Program:

State SA:	Federal FV:	Federal SF:	Federal PA:	Federal VA:	Federal VW:	Other:

Shelter-Based Victim Service (SH) Program:

State DA:	Federal FV:	Federal VA:	Federal VW:			Other:

Criminal Justice (CJ), Survivors of Homicide Program (HP) or Other Program:

Federal VA:	Federal VW:		Other:

**Agency
Check
No.**

CLAIMANT'S CERTIFICATION	AGENCY CERTIFICATION
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form.	I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated.
DATE	DATE
TITLE	TITLE
CLAIMANT'S SIGNATURE	AUTHORIZED SIGNATURE

Appendix L

Instructions for Travel

Payment Form

(The instructions on the next page size was modified to fit into this document.)

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the form
in the correct spacing.

Iowa Attorney General's Crime Victim Assistance Division

Claim Period
(Month/Year):

- Enter Claim Period in Month and Year: See example in red of “July 2014”

Time Period
(Month/Year):

- It should be the same as the claim period. Example is in red above: “July 2014”.

Vendor (Agency) Name:

- Type or write in your agency name. For example: “Victim Services Support Program”, see it in red above.

Advocate/Staff
Name & Title:

- Enter Advocate/Staff Name and Title: See example in red of “Donna Phillips, VSS

State Fiscal Year:


- Enter State Fiscal Year. For example: 7/1/14-6/30/15 is State Fiscal Year 2015. See Red 2015 above

IOWA DEPARTMENT OF JUSTICE

Iowa Attorney General's Crime Victim Assistance Division

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STATE FISCAL YEAR <div style="text-align: center; font-weight: bold; color: red;">2015</div>	Travel Payment Form	CLAIM PERIOD (Month/Year): <div style="text-align: center; font-weight: bold; color: red;">July 2014</div>
ADVOCATE/STAFF NAME & TITLE <div style="text-align: center; font-weight: bold; color: red;">Donna Phillips VSS Administrator</div>		TIME PERIOD (MONTH/YEAR): <div style="text-align: center; font-weight: bold; color: red;">July 2014</div>
		VENDOR (AGENCY) NAME: <div style="text-align: center; font-weight: bold; color: red;">Phillips Victim Service Agency</div>

										Actual				Reimb.			
DA Y	STAR T TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE	ACTUAL MEALS			MEAL TOTALS	REIMBURSEABLE MEALS			MEAL TOTALS	LODGING	OTHER ITEMS	Funding Source
							B	L	D		B	L	D				
17 	8:15 am	3 Pm	Client Meeting #DJP-55	Newton to Colfax													

Day:

- Day of the Month. For example: 17th of the month you would write/type in 17.

Start Time and End Time:

- The time the travel started and time the travel ended.

Purpose:

- Enter purpose of travel (phrase). Such as Client Meeting; Client Court; Transport Client; DART Mtg.; Coalition Mtg.; Client to Shelter; Client to Appt., etc.

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Iowa Attorney General's Crime Victim Assistance Division

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STATE FISCAL YEAR 2015				Travel Payment Form		
ADVOCATE/STAFF NAME & TITLE Donna Phillips VSS Administrator					TIME PERIOD (MONTH/)	
					VENDOR (AGENCY) NAME Victim Services	
DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE
17	8:15 am	3 pm	Client Meetings	Newton to Colfax	11.25	\$4.39

Total Miles:

- Enter the total miles for the trip on this date for the location (to/from) indicated.
- For example: this would be 12 miles
- You would enter each trip separately per line.

Mileage Charge:

- This is how much it costs to travel these mileage based on the state rate: 11.25 miles X \$0.39 state rate = 4.387 = \$4.38. Do not round from a 3rd decimal point, otherwise your total miles at the state rate won't equal your daily rounding miles.

IOWA DEPARTMENT OF JUSTICE

Iowa Attorney General's Crime Victim Assistance Division

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<p>STATE FISCAL YEAR:</p> <p><i>FYI: You cannot request reimbursement for more than what was actually spent on your meals or above the allowed amount.</i></p>	<h3>Travel Payment Form</h3>	<p>CLAIM PERIOD (Month/Year):</p> <p>TIME PERIOD (MONTH/YEAR):</p> <p>VENDOR (AGENCY) NAME:</p>
--	------------------------------	--

DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE	ACTUAL MEALS			Actual MEAL TOTAL \$	REIMBURSEABLE MEALS			Reimb. MEAL TOTALS			
							B	L	D		B	L	D				
17	8:15 am	3 pm	Client Meeting – DJP-55	Newton to Colfax	11.25	\$4.39	-	-	-								
18	8:15 am		ICADV Meeting	Davenport to Des Moines	172	\$67.08	-	4.75	10.55	\$15.30		4.75	10.55	\$15.30			
19		5:30 pm	ICADV Meeting	Davenport to Des Moines	172	\$67.08	4.53	5.55	-	\$10.08	4.53	5.55		\$10.08			
TOTALS:							TOTAL ACTUAL										

Other T
A- Air; B
T-Tolls; C

State

Actual Meals (B/L/D) columns:

- Enter the actual amount of the meals by each meal category: B= Breakfast, L= Lunch and D = Dinner.

Actual Meals Totals column:

Travel Total
Less Advance
Reimbursement Requested
that you are request
Federal SF: **Federal V**

Reimbursable Meals (B/L/D) columns:

- Enter the actual amount of each meal plus the 15% tip allowed (if requesting state reimbursement). However, if the meals exceed the allowable meal rate, you must enter the allowable meal rate. See page 3 of this document for *Table 1: In-State Meals Reimbursement Rates*. If you are traveling out of state see page 5 for *Table 2: Out-of-State Meal Reimbursement Levels*. Refer to Frequently Asked Questions (FAQs) as guidance.

Reimbursable Meals Totals column:

- Enter the total amount of reimbursable meals or allowable meals.

IOWA DEPARTMENT OF JUSTICE

Iowa Attorney General's Crime Victim Assistance Division

STATE FISCAL YEAR	Travel Payment Form	CLAIM PERIOD (Month/Year):
ADVOCATE/STAFF NAME & TITLE	TIME PERIOD (MONTH/YEAR):	
	VENDOR (AGENCY) NAME:	

DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	C A M P E L S
17	8:15 am	3 pm	Client Meeting – DJP- 55	Newton to Colfax	1 1 2 5
18	8:15 am		ICADV Meeting	Davenport to Des Moines	7 2
19		5:30 pm	ICADV Meeting	Davenport to Des Moines	7 2
TOTALS:					
Other Travel Items: A- Air; B-Bus/Cab/Shuttle; L-Luggage; P-Parking; R-Registration; T-Tolls; O-Other (Explanation):					

Lodging columns:

- Enter the Amount of the Lodging for that Night. For example: It could be \$50/night + Tax of \$5.50 = \$55.50. So, you would be able to enter \$55.50 in that section for that day.
- The lodging needs to be reasonable for that area.

Other (Miscellaneous) column:

- Refers to Other Travel Items – such as Airfare, Bus/Cabs/Shuttle, Parking, Tolls or other. Other always requires an explanation.
- See example of paying for parking fee of \$5.00 on each day.
- You can find a list of the other items listed below.

<u>LODGING</u>	<u>OTHER ITEMS</u>
\$55.00	P - \$5.00
	P - \$5.00
\$55.00	\$10.00

DAY	TOTALS (Line): <ul style="list-style-type: none"> The totals for each column (Total Miles, Mileage Charge, Total Reimb. (Reimbursable) Meals, Lodging and Other Items. 				TOTAL MILES	MILEAGE CHARGE	ACTUAL MEALS			MEAL TOTAL \$	REIMBURSEABLE MEALS			MEAL TOTAL \$	LODGING	OTHER ITEMS
							B	L	D		B	L	D			
17					11.25	\$4.39	-	-	-							
18					172	\$67.08	-	4.75	10.55	\$15.30		4.75	10.55	\$15.30	\$55.00	P - \$5.00
19		5:30 pm	ICADV Meeting	Davenport to Des Moines	172	\$67.08	4.53	5.55	-	\$10.08	4.53	5.55		\$10.08		P - \$5.00
TOTALS:					355.25	\$138.55	TOTAL ACTUAL MEALS:			\$25.38	TOTALS:			\$25.38	\$55.00	\$10.00

Other A- R-R	Travel Total: <ul style="list-style-type: none"> Total Mileage Charge Column, Reimbursable Meals Column, Lodging Column and Other Items Column for a total of what can be reimbursed. 			
	Amount Paid with Non-VSS Funds: <ul style="list-style-type: none"> You list expenses that were paid with Non-VSS Funds from this Travel Payment on this line. 			

Travel Total:			\$228.93
Amount Paid with Non-VSS Funds:			\$0.00
Reimbursement Requested:			\$228.93
If you are requesting reimbursement from:			
SF:	Federal VA:	Federal V	
I certify that the above expenses are incurred and the amounts are correct and			Reimbursement Requested: <ul style="list-style-type: none"> You subtract <i>Amount Paid with Non-VSS Funds</i> amount from Travel Total amount and receive your "Reimbursement Requested" amount.

TOTALS:	355.2 5	\$138.5 5	TOTAL ACTUAL MEALS:	\$25.38	TOTALS:	\$25.38	\$55.00	\$10.00
Other Travel Items:			Travel Total:			\$228.93		
A- Air; B-Bus/Cab/Shuttle; P-Parking;			Amount Paid with Non-VSS Funds:			\$0.00		
L- Luggage; R-Registration; T-Tolls; O-Other (Explanation):			Reimbursement Requested:			\$228.93		

Please designate the fund(s) along with the amount that you are requesting reimbursement from each.						
Domestic Abuse Comprehensive (DAC) Program:						
State DA:	Federal FV:	Federal VA:	Federal VW:			Other:
\$57.23	\$57.24	\$57.23	\$57.23			
Sexual Assault Comprehensive (SAC) Program:						
State SA:	Federal FV:	Federal SF:	Federal PA:	Federal VA:	Federal VW:	Other:
Shelter-Based Victim Service (SH) Program:						
State DA:	Federal FV:	Federal VA:	Federal VW:			
Criminal Justice (CJ), Survivors of Homicide Program (HP) or Other Program:						
Federal VA:	Federal VW:					Other:

Agency
Check No.

Designating Funding for Reimbursement:

- This section allows you to split the Reimbursement Requested among: (1) Type of Services (Domestic Abuse Comprehensive, Sexual Abuse Comprehensive, Shelter-Based Victim Services, Criminal Justice/Survivors of Homicide Program or Other); (2) Funding Streams listed. Each type of service has a line with the funding streams listed and blank space under the funding stream to list the amount of funds requested reimbursement from that funding stream.

TOTALS:	355.25	\$138.55	TOTAL ACTUAL MEALS:	\$25.38	TOTALS:	\$25.38	\$55.00	\$10.00
Other Travel Items:			Travel Total:			\$228.93		
A- Air; B-Bus/Cab/Shuttle; P-Parking;			Amount Paid with Non-VSS Funds:			\$0.00		
R-Registration; T-Tolls; O-Other (Explanation):			Reimbursement Requested:			\$228.93		

Please designate the fund(s) along with the amount that you are requesting reimbursement from each.						
Domestic Abuse Comprehensive (DAC) Program:						
State DA:	Federal FV:	Federal VA:	Federal VW:			Other:
\$57.23	\$57.24	\$57.23	\$57.23			
Sexual Assault Comprehensive (SAC) Program:						
State SA:	Federal FV:	Federal SF:	Federal PA:	Federal V:		Other:
Shelter-Based Victim Service (SH) Program:						
State DA:	Federal FV:	Federal VA:	Federal VW:			Other:

We added "Other" and blank column for your agency to list non-VSS

Agency Check No.

Reimbursement by Type of Services and Funding Stream:

- In this example, they split the requested reimbursement amount between 4 different funding streams.

Agency Check No. column:

- This is a place where you (your Agency) can record the agency check number that signifies the reimbursement to the staff person for this "Travel Payment Form".

CLAIMANT'S CERTIFICATION	AGENCY CERTIFICATION
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form.	I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated.
DATE TITLE 7/31/2014 VSS Administrator	DATE TITLE 8/2/2014 CVAD Director
CLAIMANT'S SIGNATURE <i>Donna Phillips</i>	AUTHORIZED SIGNATURE <i>Janelle Melohn</i>
<u>Claimant's Certification:</u> <ul style="list-style-type: none"> • Claimant reads and agrees with the certification. • Claimant completes the "Date" of travel form completion & enters "Title" of Claimant (Advocate/Staff Person). • Have Advocate/Staff Person Sign. • Our office will check to see the requirements and guidelines for using electronic signatures. In the interim, please use regular signatures on all documents. 	<u>Agency Certification:</u> <ul style="list-style-type: none"> • Claimant reads and agrees with the certification. • Complete the "Date" of travel form review & enters "Title" of individual who can sign off on travel (Supervisor, Program Director, Executive Director, etc.) • Have this person (Supervisor, Program Director, Executive Director, etc.) sign travel.

Appendix M

Staff Mileage Form

(The form on the next page size was modified to fit into this document.)

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the form in the correct spacing. Website will be update prior to 9/15/14 with forms.

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Iowa Attorney General's Crime Victim Assistance Division

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STATE FISCAL YEAR			Staff Mileage Payment Form			CLAIM PERIOD (Month/Year):		
ADVOCATE/STAFF NAME & TITLE				TIME PERIOD (MONTH/YEAR):				
				VENDOR (AGENCY) NAME:				
	DAY	STAR T TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE	Funding Source
TOTALS:								

	Travel Total:	
	Amount Paid with Non-VSS Funds:	
	Reimbursement Requested:	

Please designate the fund(s) along with the amount that you are requesting reimbursement from each.						Agency Check No.
Domestic Abuse Comprehensive (DAC) Program:						
State DA:	Federal FV:	Federal VA:	Federal VW:	Other:		
Sexual Assault Comprehensive (SAC) Program:						
State SA:	Federal FV:	Federal SF:	Federal PA:	Federal VA:	Other:	
Shelter-Based Victim Service (SH) Program:						
State DA:	Federal FV:	Federal VA:	Federal VW:	Other:		
Criminal Justice (CJ) , Survivors of Homicide (HP) or Other Program:						
Federal VA:	Federal VW:		Other:			

CLAIMANT'S CERTIFICATION		AGENCY CERTIFICATION	
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form.		I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated.	
DATE	TITLE	DATE	TITLE
CLAIMANT'S SIGNATURE		AUTHORIZED SIGNATURE	

Appendix N

Instructions for Staff Mileage Form

(The instructions on the next page size was modified to fit into this document.)

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the form in the correct spacing.

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Iowa Attorney General's Crime Victim Assistance Division

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STATE FISCAL YEAR 2015	Staff Mileage Payment Form	CLAIM PERIOD (Month/Year): July 2014
ADVOCATE/STAFF NAME & TITLE Donna Phillips VSS Administrator		TIME PERIOD (MONTH/YEAR): July 2014
		VENDOR (AGENCY) NAME: Phillips Victim Services Agency
<u>State Fiscal Year:</u> <ul style="list-style-type: none"> Enter State Fiscal Year. For example: 7/1/14-6/30/15 is State Fiscal Year 2015. See Red 2015 above 	<u>Advocate/Staff Name & Title:</u> <ul style="list-style-type: none"> Enter Advocate/Staff Name and Title: See example in red of "Donna Phillips, VSS Administrator". 	<u>Vendor (Agency) Name:</u> <ul style="list-style-type: none"> Type or write in your agency name. For example: "Victim Services Support Program", see it in red above.
		<u>Claim Period (Month/Year):</u> <ul style="list-style-type: none"> Enter claim period in month and year. See example in red above: "July 2014."
		<u>Time Period (Month/Year):</u> <ul style="list-style-type: none"> Enter time period of the travel in month and year. See example in red above: "July 2014".
Reimbursement Requested:		
Please designate the fund(s) along with the amount that you are requesting reimbursement from		
State DA:	State SA:	Federal FV:
Federal SF:	Federal VA:	Federal VV:
\$8.78	\$12.87	\$35.30
CLAIMANT'S CERTIFICATION		AGENCY CERTIFICATION
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form.		I certify that the above expenses are correct and should be paid from
DATE	TITLE	DATE
		TITLE

IOWA DEPARTMENT OF JUSTICE

Iowa Attorney General's Crime Victim Assistance Division

Page: 1 of 1

STATE FISCAL YEAR 2015			Staff Mileage Payment Form			CLAIM PERIOD (Month/Year): July 2014	
ADVOCATE/STAFF NAME & TITLE Donna Phillips VSS Administrator				TIME PERIOD (MONTH/YEAR): July 2014			
				VENDOR (AGENCY) NAME: Phillips Victim Services Agency			
DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILES	MILEAGE CHARGE	Funding Source
17	9 am	11 am	Client Meetings #DJP-75	Newton to Colfax to Newton	22.5	\$8.77	DA
18	1 pm	3 pm	Client Meetings #DJP-77	Newton to Baxter to Newton	33	\$12.87	VA
19	9 am	1 pm	DART Meeting	Newton to Oskaloosa to Newton	90.5	\$35.30	VW

Day:

- Day of the Month. For example: 17th of the month you would write/type in 17.

Start Time and End Time:

- The time the travel started and time the travel ended.

Purpose:

- Enter purpose of travel (phrase). Such as Client Meeting; Client Court; Transport Client; DART Mtg.; Coalition Mtg.; Client to Shelter; Client to Appt., etc.

I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form.

I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated.

IOWA DEPARTMENT OF JUSTICE

Iowa Attorney General's Crime Victim Assistance Division

Page: 1 of 1

STATE FISCAL YEAR 2015			Staff Mileage Payment Form			CLAIM PERIOD (Month/Year): July 2014	
ADVOCATE/STAFF NAME & TITLE Donna Phillips VSS Administrator				TIME PERIOD (MONTH/YEAR): July 2014			
				VENDOR (AGENCY) NAME: Phillips Victim Services Agency			
DAY	START TIME	END TIME	<u>PURPOSE</u>	<u>LOCATION (TO/FROM)</u>	<u>TOTAL MILES</u>	<u>MILEAGE CHARGE</u>	<u>Funding Source</u>
17	9 am	11 am	Client Meetings #DJP-75	Newton to Colfax to Newton	22.5	\$8.77	DA
18	1 pm	3 pm	Client Meetings #DJP-77	Newton to Baxter to Newton	33	\$12.87	VA
19	9 am	1 pm	DART Meeting	Newton to Oskaloosa to Newton	90.5	\$35.30	VW

Total Miles:

- Enter the total miles for the trip on this date for the location (to/from) indicated.
- Example #1: traveling Newton to Colfax to Newton would be 22.5 miles
 - You enter each trip separately per line. You can divide example #1 into 2 trips (Newton to Colfax as 1 trip and Colfax back to Newton as 2nd trip), if you like as long as you fill out the line in its entirety.
- Example #2: traveling Newton to Baxter to Newton would be 33 miles
- Example #3: traveling Newton to Oskaloosa to Newton would be 90.5 miles

Mileage Charge:

- You figure the mileage for each trip. You figure the mileage charge by taking the number of miles and multiply it by the state rate for mileage (\$0.39). Do **not** round.
- Example #1: 22.5 miles X \$0.39 = \$8.77
- Example #2: 33 miles X \$0.39 = \$12.87
- Example #3: 90.5 miles X \$0.39 = \$35.29

IOWA DEPARTMENT OF JUSTICE

Iowa Attorney General's Crime Victim Assistance Division

Page: 1 of 1

STATE FISCAL YEAR 2015				Staff Mileage Payment Form				CLAIM PERIOD (Month/Year):			
ADVOCATE/STAFF NAME & TITLE Donna Phillips VSS Administrator						TIME PERIOD (MONTH)		Funding Source • You can list the different types of funding sources to claim that specific mileage trip.			
						VENDOR (AGENCY) Phillips					
DAY	START TIME	END TIME	<u>Reimbursement Requested:</u> • This is the total amount requested for reimbursement from the staff person.				TOTAL MILES	MILEAGE CHARGE	Funding Source		
17	9 am	11 am					22.5	\$8.78	DA		
18	1 pm	3 pm					33	\$12.87	VA		
19	9 am	1 pm					90.5	\$35.30	VW		
			DART Meeting	Newton to Oskaloosa to Newton							
<u>Totals:</u> • Total the number of Miles column and Mileage Charge column.											
						TOTALS:		146	\$56.95		
Reimbursement Requested:								\$56.95			

Please designate the fund(s) along with the amount that you are requesting reimbursement from each.							Agency Check No.
Domestic Abuse Comprehensive (DAC) Program:							
State DA:	Federal FV:	Federal VA:	Federal VW:			Other:	#11751
\$8.78		\$12.87	\$35.30				

Funding Line/Section

- Allows you to split the Reimbursement Requested among the funding streams listed. It also lets you designate type of services (Domestic Abuse Comprehensive, Sexual Abuse Comprehensive, Shelter-Based Victim Services, Criminal Justice, Survivors of Homicide or Other Program. In this example we split it between 3 funding streams.

Agency Check No. column:

- This is a place where you can record the agency check number that signifies the reimbursement to the staff person for this "Staff Mileage Payment Form".

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division

Page: 1 of 1

STATE FISCAL YEAR 2015	Staff Mileage Payment Form	CLAIM PERIOD (Month/Year): July 2014
ADVOCATE/STAFF NAME & TITLE Donna Phillips VSS Administrator		TIME PERIOD (MONTH/YEAR): July 2014
		VENDOR (AGENCY) NAME: Phillips Victim Services Agency

DAY	START TIME	END TIME	PURPOSE	LOCATION (TO/FROM)	TOTAL MILEAGE	MILEAGE RATES	Funding
<u>Claimant's Certification:</u> <ul style="list-style-type: none"> • Claimant reads and agrees with the certification. • Claimant completes the "Date" of travel form completion & enters "Title" of Claimant (Advocate/Staff Person) • Have Advocate/Staff Person Sign • Our office is looking into whether or not electronic signatures and the parameters they require. In the interim, please still use regular signatures. 				<u>Agency Certification:</u> <ul style="list-style-type: none"> • Claimant reads and agrees with the certification. • Complete the "Date" of travel form review & enters "Title" of individual who can sign off on travel (Supervisor, Program Director, Executive Director, etc.) • Have this person (Supervisor, Program Director, Executive Director, etc.) sign travel. 			
			\$8.78				

CLAIMANT'S CERTIFICATION		AGENCY CERTIFICATION	
I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that charges were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed in this travel form.		I certify that the above expenses are incurred and the amounts are correct and should be paid from the funds designated.	
DATE	TITLE	DATE	TITLE
July 1, 2014	VSS Administrator	8/4/14	CVAD Director
CLAIMANT'S SIGNATURE		AUTHORIZED SIGNATURE	
<i>Donna Phillips</i>		<i>Janelle Melohn</i>	

| -

Appendix O

Vehicle Mileage Form

(The form on the next page size was modified to fit into this document.)

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the form in the correct spacing. Website will be update prior to 9/15/14 with forms.

VEHICLE MILEAGE FORM

MONTH: _____

YEAR: _____

Page ____ of ____

					MILES DRIVEN & CHARGE		REASON FOR MILES/TRAVEL		
Day	Start	End	LOCATION		Total	Mileage	Transport	Meeting	Other:
	Time	Time	From	Miles	Miles	Charge	Client	Client	Explain
Mileage Rate = State Rate of \$0.39/mile					TOTAL:			TOTAL AMOUNT:	

Please designate the fund(s) along with the amount that your agency is requesting reimbursement.						
Domestic Abuse Comprehensive (DAC) Program:						Other Fund:
State DA:	State SA:	Federal FV:	Federal SF:	Federal VA:	Federal VW:	Other Fund:
Sexual Abuse Comprehensive (SAC) Program:						Other Fund:
State DA:	State SA:	Federal FV:	Federal SF:	Federal VA:	Federal VW:	Other Fund:

Shelter-Based Victim Services (SH) Program:						Other Fund:
State DA:	State SA:	Federal FV:	Federal SF:	Federal VA:	Federal VW:	Other Fund:
Criminal Justice (CJ), Survivors of Homicide or Other Program:						Other Fund:
State DA:	State SA:	Federal FV:	Federal SF:	Federal VA:	Federal VW:	Other Fund:
AGENCY CERTIFICATION						
<p>I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that expenses/mileage were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed on this Vehicle Mileage Form. I also certify that the above expenses/mileage is incurred and the amounts are correct and should be paid from the funds designated.</p>						
DATE	TITLE			AUTHORIZED SIGNATURE		

Appendix P

Instructions for

Vehicle Mileage Form

(The instructions on the next page size was modified to fit into this document.)

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the form in the correct spacing. Website will be update prior to 9/15/14 with forms.

VEHICLE MILEAGE FORM

MONTH: **July**

YEAR: **2014**

Page 1 of 2

Day	Start Time	End Time	LOCATION		Total Miles	REASON FOR MILES/TRAVEL			
			From	To		Mileage	Transporting	Meeting	Other
1	8:15 am	10:30 am	Newton - Colfax - Newton						
1	11 am	2 pm	Newton - Oskaloosa - Newton						

Month, Year and Pages:

- Type or write the “Month” for which you are claiming. For example, “July” was typed onto this line.
- Type or write the “Year” (calendar year). For example, “2014” was typed onto this line.
- Type or write the number of pages in the “Page ____ of ____” pages.
 - For example: Page 1 of 2.

Day column:

- List the day of the month. For example the first day of the month is indicated by a “1”.

Start Time column:

- List the starting time of the trip. For example there are two trips indicated:
 - 1st trip started at 8:15 am on the corresponding day (“1”)
 - 2nd trip started at 11 am on the corresponding day (“1”)

End Time column:

- List the ending time of the trip. For example there are two trips indicated:
 - 1st trip ended at 10:30 am on the corresponding day (“1”)
 - 2nd trip ended at 2 pm on the corresponding day (“1”)

VEHICLE MILEAGE FORM

MONTH: July

YEAR: 2014

Page 1 of 2[illegible]

VEHICLE MILEAGE FORM

MONTH: **July** YEAR: **2014**

Page 1 of 2

					MILES DRIVEN & CHARGE		
Day	Start Time	End Time	LOCATION		Total Miles	Mileage Charge	
			From	To			
I	8:15 am	10:30 am	Newton – Colfax - Newton		22.5	\$8.78	
I	11 am	2 pm	Newton – Oskaloosa - Newton		90.5	\$35.30	
<p><u>Total Miles column:</u></p> <ul style="list-style-type: none"> List the total mileage traveled for that trip. (Ending Miles – Starting Miles = Total Miles). For example there are two trips indicated: <ul style="list-style-type: none"> 1st trip that started at 8:15 am, the total miles traveled by the vehicle is 22.5 miles. 2nd trip that started at 11 am, the total miles traveled by the vehicle is 90.5 miles. <p><u>Mileage Charge column:</u></p> <ul style="list-style-type: none"> This is the “Total Miles” multiplied by the state rate (\$0.39/mile). For example there are two trips indicated: <ul style="list-style-type: none"> 1st trip calculation is as follows: 22.5 miles X \$0.39 = \$8.78. Write in the \$8.78 amount in the mileage charge column. 2nd trip calculation is as follows: 90.5 miles X \$0.39 = \$35.30. Write in the \$35.30 amount in the mileage charge column. 							

VEHICLE MILEAGE FORM

MONTH: **July**

YEAR: 2014

Page 1 of 2[illegible]

VEHICLE MILEAGE FORM

MONTH: July

YEAR: 2014

Page 2 of 2

				MILES DRIVEN & CHARGE				REASON FOR MILES/TRAVEL		
Day	Start Time	End Time	LOCATION		Total Miles	Mileage Charge	Transport Client	Meeting Client	Other: Explain	
			From	Miles						
I	8:15 am	10:30 am	Newton-Colfax-Newton		22.5	\$8.78				
I	11 am	2 pm	Newton-Oskaloosa-Newton		90.5	\$35.30				
Total row: Total the number of miles from the "Total Miles" column. In the example below the total miles are 113.					Total Amount row: Total Amount is the total amount of mileage at the state rate. In this case it equals \$44.08.					
Mileage Rate = State Rate of \$0.39/mile					TOTAL:	113	\$44.08	TOTAL AMOUNT:		\$44.08

Please designate the fund(s) along with the amount that your agency is requesting reimbursement.						
Domestic Abuse Comprehensive (DAC) Program:						
State DA:	State SA:	Federal FV:	Federal SF:	Federal VA:	Federal VW:	Other Fund:
				\$8.78	\$35.30	

AGENCY CERTIFICATION

Funding Line/Section

- Allows you to split the mileage reimbursement requested among the funding streams listed. In this example we split it between 2 funding streams.
- Note: When you add up the "Funding Source" column for each designated funding source those total should be placed in the funding line section of the corresponding funding source.
 - For example: The Vehicle Mileage reimbursement in this example was split between VA in the amount of \$8.78 and VW in the amount of \$35.30.

VEHICLE MILEAGE FORM

Agency Certification section:

- Complete the “Date” and “Title” column of the individual who is authorized to sign the Vehicle Mileage Form.
- Have the “Authorized Signature” of the individual(s) who are authorized to sign the Vehicle Mileage Form.

Day	1	2	3	4	5	6	7	8	9	0	
1	2	3	4	5	6	7	8	9	0	.	
1	2	3	4	5	6	7	8	9	0	.	
				\$8.78				\$35.30			
AGENCY CERTIFICATION											
<p>I certify that the items for which payment/reimbursement is claimed were furnished for business as allowed under this Program/Agency and Contract and that expenses/mileage were reasonable, proper, and correct, and no part of the claim amount has been reimbursed or paid through another agency or source of funding then what is listed on this Vehicle Mileage Form. I also certify that the above expenses/mileage is incurred and the amounts are correct and should be paid from the funds designated.</p>											
DATE			TITLE				AUTHORIZED SIGNATURE				
August 4, 2014			VSS Administrator				<i>Donna Phillips</i>				

Appendix Q

Out-of-State Travel Request Form and Instructions

(The form on the next page size was modified to fit into this document.)

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the form in the correct spacing. Website will be update prior to 9/15/14 with forms.

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division (CVAD)
Victim Services Support Program (VSS)
Out-of-State Travel Request for Conference/Training/Meeting

Date of Request:

Program:

Type of Program:

Date Requested:

Conference/Meeting City & State:

Link to Conference Information:

Estimated Travel Dates:

Complete the blank sections below that apply to the funds you are requesting. Shaded areas are set to automatically calculate. Please do not enter any amounts in the shaded sections.

A	Lodging:	Daily Rate	Number of Nights	Number of Attendees	Total
					\$0.00
B	Airfare/checked baggage:	Ticket Price per Attendee	Checked Baggage per Attendee	Number of Attendees	Total Airfare
					\$0.00
C	Taxi, shuttle, etc.:	Total Taxi Costs	Total Shuttle Costs	Other Public Transportation	Total (Miles x Rate)
					\$0.00
D	Mileage (use the agency per diem or mileage rate, whichever applies):	Total Miles		Mileage Rate	Total (Miles x Rate)
				\$0.39	\$0.00
E.1	Meals (use the agency per diem or actual expenses, whichever applies):	Total Attendees	Per Diem Costs Per Attendee	Number of Days	Meals Total
					\$0.00

E.2	Meal Level (1, 2, 3 & 4)			
F	Other eligible expenses (registration fees, etc.):	Description:	Total Other Costs	Other Costs Total:
				\$0.00

Total funds requested:	\$0.00
-------------------------------	---------------

G. Please designate the fund(s) along with the amount that you are requesting from each.

Domestic Abuse Comprehensive (DAC) Program:

State DA:	Federal FV:	Federal VA:	Federal VW:	Other:

Sexual Abuse Comprehensive (DAC) Program:

State SA:	Federal SF:	Federal PA:	Federal VA:	Federal VW:	Other:

Shelter-Based Victim Service (SH) Program:

State DA:	Federal FV:	Federal VA:	Federal VW:	Other:

Criminal Justice (CJ), Survivors of Homicide Program (HP) or Other Program:

Federal VA:	Federal VW:		Other:

H. Please list staff name & position on who will be attending the conference listed above.	
<u>Staff Name</u>	<u>Staff Title</u>

I. Please provide a brief justification for this out-of-state travel

J. Do not fill out the section below as it is for the Primary VSS Staff to complete.

Are you recommending approval?

☐

Yes

☐

No

Reason for recommendation:

Primary VSS Staff Signature:

Date:

K. Do not fill out the section below as it is for the VSS Administrator to complete.

Are you recommending approval?

☐

Yes

☐

No

Reason for recommendation:

VSS Administrator Signature:

Date:

Instructions for completing the Out-of-State Travel Request Form

Step 1:	Complete your program information and include specific details about the conference or training, including a link to the conference/training. If you do not have a link, please attach a copy of the brochure to the request.																														
Step 2: Sec. A Lodging	The total lodging for all agency participants whose travel and training will be reimbursed with VSS funds needs to be included here. This is set to calculate the daily rate times the number of nights times the number of participants (rooms).																														
Step 3: Sec. B Airfare	Airfare for all attendees needs to be listed in this section. This is set to calculate the estimated ticket price per attendee plus the cost of checked baggage for each attendee times the number of attendees. Be sure to include the total airfare pricing for each attendee. If the totals are different for each attendee, use the average.																														
Step 4: Sec. C Taxi, etc.	Estimate your taxi, shuttle, and bus costs here. If you do not plan on utilizing these types of transportation, please leave the fields blank or enter a "0" (zero). Be sure to include the total costs for all travelers to be reimbursed with VSS funds.																														
Step 5: Sec. D Mileage	Use the state rate. This will automatically calculate the total miles times the mileage rate (\$0.39/mile) to be reimbursed with VSS funds.																														
Step 6: Sec. E.1 Meals	<p>Use the state city level/rate. Enter the number of attendees, the daily per diem rate and number of days traveling. The total will multiply number of attendees X daily per diem X number of travel days.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="5">Table 2: Out-of-State Meal Reimbursement Levels</th></tr> <tr> <th></th><th>Level 1</th><th>Level 2</th><th>Level 3</th><th>Level 4</th></tr> </thead> <tbody> <tr> <td>Breakfast</td><td>\$7.00</td><td>\$7.00</td><td>\$8.00</td><td>\$9.00</td></tr> <tr> <td>Lunch</td><td>\$8.00</td><td>\$9.00</td><td>\$10.00</td><td>\$11.00</td></tr> <tr> <td>Dinner</td><td>\$16.00</td><td>\$21.00</td><td>\$25.00</td><td>\$30.00</td></tr> <tr> <td>Total:</td><td>\$31.00</td><td>\$37.00</td><td>\$43.00</td><td>\$50.00</td></tr> </tbody> </table>	Table 2: Out-of-State Meal Reimbursement Levels						Level 1	Level 2	Level 3	Level 4	Breakfast	\$7.00	\$7.00	\$8.00	\$9.00	Lunch	\$8.00	\$9.00	\$10.00	\$11.00	Dinner	\$16.00	\$21.00	\$25.00	\$30.00	Total:	\$31.00	\$37.00	\$43.00	\$50.00
Table 2: Out-of-State Meal Reimbursement Levels																															
	Level 1	Level 2	Level 3	Level 4																											
Breakfast	\$7.00	\$7.00	\$8.00	\$9.00																											
Lunch	\$8.00	\$9.00	\$10.00	\$11.00																											
Dinner	\$16.00	\$21.00	\$25.00	\$30.00																											
Total:	\$31.00	\$37.00	\$43.00	\$50.00																											
Step 7: Sec. E.2	Enter the meal or city level: 1, 2, 3, 4.																														
Step 8: Sec. F Other	Enter a brief description and total miscellaneous expenses here if applicable.																														

Instructions for completing the Out-of-State Travel Request Form Continued

Step 9	The total of all funds requested will automatically calculate. This amount should equal the total amount you are requesting from VSS for all participants to attend this particular conference or out of state training event.
Step 10: Sec. G	Please designate which fund or funds you are requesting to be reimburse from by type of Program. For example, if your total expense are \$1,200 for the DAC Program to send 1 staff person to a conference and you are asking to split the expenses equally between your State DA and Federal FV funds you would write in \$600 (50% or half) under State DA and \$600 (other 50% or half) under Federal FV in this section.
Step 11: Sec. H	List the name of the staff and their title that you are requesting to send to the conference.
Step 12: Sec. I.	Please provide a brief justification on why we should approval this out-of-state travel request.
Step. 13:	Email or fax (1-515-281-8199) to your primary VSS contact.
Step 14: Sec. J.	Your primary VSS contact will review your out-of-state travel request and agenda and make a recommendation to the VSS Administrator on if this should be approved and why or why not.
Step 15: Sec. K.	The VSS Administrator will review the out-of-state travel request, agenda and recommendation from your primary VSS contact and make a decision to approve or not and why.
Step 16:	The VSS Administrator will return the out-of-state travel to the primary VSS contact to scan and email to the Agency Director making the request.
Step 17:	If approved, the Agency will attach the completed Out-Of-State Travel Form with their Travel Payment form in the Travel & Training section of their claims for reimbursement.
Other Items to Check Before Submitting Out-of-State Travel Request Form:	
<ul style="list-style-type: none"> ✓ Please leave unnecessary fields blank or enter a "0" (zero). ✓ You do not need to complete a separate form for each attendee. ✓ You will need to complete a separate form for each conference or out of state training event. ✓ You can either email or fax the complete form to your primary VSS contact. 	

Appendix R

Program Staff Update Form & Instructions

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division
Victim Services Support Program

PAYROLL SUMMARY FOR CLAIM VOUCHERS						
VENDOR (AGENCY) NAME:		VENDOR CITY			DATE	
Section A:						
Staff Name	Staff Title	Start Date	Direct Service %	Total Hours per week	Salary or Hourly Rate	Email address
						-
Section B:						
Staff Name	Staff Title	End Date	Direct Service %	Total Hours per week	Salary or Hourly Rate	Vacant for More than 45 days?

If this position has been vacant more than 45 days please explain below:

--

(This form was modified to fit into this document. The actual document has more lines. Please download the form from the Program Assistant Website mentioned throughout this document.)

Instructions for completing the Staff Update Form

Step 1:	Complete your program information and relevant information including email contact and date of update (purple colored section).
Step 2: Sec. A New staff	Complete all relevant information for the new staff person: Name, title, start date, direct service %, total hours per week, salary, email address and was the position vacant more than 45 days (Yes/No)? (peach colored section)
Step 3: Sec. B Staff replaced	Complete all relevant information for the former staff person: Name, title, end date/last day with agency, direct service %, total hours per week, salary, and email address (green colored section)
Step 4: Explain 45 day vacancy	Complete with an explanation if the position has been vacant more than 45 days.
Step 5: Submit	Submit the completed Staff Update Form to your primary VSS contact for review.

Appendix S: Due Dates for Performance Reports

Due Dates for Performance Reports

Bi-Annual Performance Reports	
<u>Reporting Period:</u>	<u>Due Date:</u>
July 1 st - December 31 st	February 15 th
January 1 st - June 30 th	August 15 th

Violence Against Women (VW) Annual Performance Report	
<u>Reporting Period:</u>	<u>Due Date:</u>
January 1 st – December 31 st	February 15 th

Sexual Assault Services Program (SS) Annual Performance Report	
<u>Reporting Period:</u>	<u>Due Date:</u>
January 1 st – December 31 st	February 15 th

Family Violence Prevention and Services Act (FV) Annual Performance Report	
<u>Reporting Period:</u>	<u>Due Date:</u>
October 1 st – September 30 th	November 15 th

If the due date fall on a Saturday or Sunday or holiday, the report is due the next business day from the due date.

Please go to <http://victimservicegrant.iowa.gov/PerformanceRptMain.aspx> for the most updated performance reports. Website will be update prior to 9/15/14 with forms.

Appendix T

Frequently Asked Questions about Travel



THOMAS J. MILLER
ATTORNEY GENERAL

JANELLE MELOHN
DIVISION DIRECTOR

Department of Justice
CRIME VICTIM ASSISTANCE DIVISION

LUCAS BUILDING, GROUND FLOOR
321 E. 12TH STREET
DES MOINES, IA 50319

PHONE: 515.281.5044
800.373.5044
FAX: 515.281.8199

Frequently Asked Questions (FAQ)

Below are frequently asked questions and answers that came out of the Director's Meeting on July 17, 2014 conducted by the Victim Services Support (VSS) Program.

If you have any questions, please do not hesitate to contact your primary VSS staff person. Our office toll-free line is 1-800-373-5044 or our 1-515-281-5044.

Claims for Reimbursement Questions

1. Are we allowed to submit quarterly, or annual reimbursements?

No. All victim service programs must submit **monthly** reimbursements to the VSS Program. Below is a schedule of when the monthly reimbursements are due.

Claim Period	Due Date
July 1-31, 2014	August 31, 2014
August 1-31, 2014	September 30, 2014
September 1-30, 2014	October 31, 2014
October 1-31, 2014	November 30, 2014
November 1-30, 2014	December 31, 2014
December 1-31, 2014	January 31, 2015
January 1-31, 2015	February 28, 2015
February 1-28, 2015	March 31, 2015
March 1-31, 2015	April 30, 2015
April 1-30, 2015	May 31, 2015
May 1-31, 2015	June 30, 2015
June 1-30, 2015	July 31, 2015

2. Are we allowed to move expense amounts from one expense category (payroll, benefits, travel & training, contractual services, communications, utilities, etc.) to another without receiving prior approval from the VSS Program?

No. All Programs must abide by their submitted Complete Program Budget. If the Program needs to move expense amounts from one expense category to another, they must complete a Budget Revision Request Form and submit it to the VSS Program for review and approval.

In previous years, Programs were allowed to move up to 10% of the award amount from one expense category to another without an approved Budget Revision Request. As of July 1, 2014, this is no longer allowed.

3. How will we know if an expense is allowable?

A summary of the expenses should be included in your Funding Application and with your Complete Program Budget. Your Complete Program Budget will be reviewed by the VSS staff and CVAD Accountant.

If in doubt request clarification from your primary VSS Program contact **prior** to purchasing an item. If VSS Program staff do not find the expense to be allowable and/or reasonable, or if the item was not included in your Complete Program Budget, then it may be denied reimbursement.

4. Can I claim expenses that occurred outside of the claim period?

No. You can only claim expenses for that claim period. The VSS Administrator or CVAD Director can make exceptions to this rule, but the standard claim period should be followed. Exceptions will only be granted on a case by case basis.

5. We pay for our medical benefits either once a year or quarterly, am I not allowed to claim those expenses since I am doing monthly claims?

Yes, this would be an exception to the rule above. If your agency has annual or quarterly expenses please check with your primary VSS Program staff contact, to be sure an exception will be made.

Travel Questions - Forms

1. Are we required to utilize the VSS Program Forms for Travel, Mileage, Vehicle Mileage, Claim Forms, etc. or can we use our own forms if they are similar?

Yes, you must use the uniform, standard forms provided by the VSS Program in order to receive reimbursement from the VSS Program as of July 1, 2014. All forms will be posted to the website on or before September 15, 2014.

2. Who is authorized to sign travel reimbursements for the Executive Director and other staff?

A representative from the Agency's Board must be the individual authorized to sign off on the Executive Director's travel reimbursements. Small non-profits will oftentimes authorize any member of the Executive Committee of the Agency's Board, to sign off on the Executive Director's reimbursement claims.

Other staff reimbursements are authorized by the Executive Director, or a Supervisor. Your Agency's policies must reflect who is authorized to sign travel reimbursements in each instance.

3. Can we put more than one staff person on the Travel Payment Form and Staff Mileage Form?

No. Each staff person for which you are requesting reimbursement must complete a separate Travel Payment Form and/or Staff Mileage Form. Staff must complete these forms on a monthly basis if they are requesting reimbursement for travel or mileage.

4. Do we need to submit the approved Out-of-State Travel Request Form with our claim for reimbursement?

Yes and you must include the agenda of the conference/training as well and all supporting documentation/receipts.

Travel Questions – Mileage Information

1. Does our program/agency have to follow the state rate for mileage and meals?

At a minimum, your agency must provide reimbursement at the state rate. The Victim Services Support Program will reimburse your agency at the state rate for mileage and meals within the state.

Your agency can reimburse more than the state rate for mileage and meals if your agency has a policy indicating different amounts; however, the VSS Program will only reimburse at the state rate and the difference needs to be reimbursed through your other funding sources. You must submit the travel policy to your primary VSS staff person for review and approval prior to utilizing a higher rate of reimbursement.

Your agency is not allowed to reimburse mileage or meals at a rate lower than the State standard.

2. How do you we figure domicile or starting part for reimbursing staff miles?

Staff is reimbursed for the shortest route to the destination. The route is calculated from either the work office location, or the starting point (residence, outreach office, etc.), whichever is shorter.

Determination of Work Office location: Your work office is considered your primary work location. For staff not stationed within your main office, their starting work location would be their outreach office. For example, if we have a staff member working primarily out of their home, then that would be the starting location for travel. If there was a satellite office the staff member had office space in, then that office would likely be considered their home office. (See B below for more information.)

****Any commuting miles must be excluded from the mileage transaction and cannot be reimbursed.**

****Agency policies should reflect travel policies and procedures and how staff calculate their travel expenses.**

Example #1: If I am traveling to Iowa City directly from my house in Newton, I would take mileage from my house since it is shorter than from the office (Des Moines); however, if I was driving to Council Bluffs from my house in Newton, I would take mileage from the office to Council Bluffs, since that is shorter. (See A below).

Example #2: If I leave my home and travel to our main/satellite office then travel to meet the victim at their home or other safe location. Can I count the mileage incurred from home to the office? No as they

would be considered to be commuter miles. You would count the mileage from the office to the location of where you are meeting the victims.

- A.** The reason for using the shorter distance comes from IRS standard mileage rate information. Commuting to and from your home to your office is not considered a business expense, but personal use and you also can't reimburse for miles not actually driven. Therefore, we use the "shorter of" calculation for home or office starting point.
- B.** For example, if your Agency's main office is located in Dubuque and your Agency has office space in Waterloo, the Advocate's office location would be Waterloo, not Dubuque. If they live in Waverly and only occasionally report to the Waterloo office (possibly for staff meeting) for work, then it is possible their starting work location for travel would be their house in Waverly.

3. If my staff person is on-call, after hours to respond to emergencies at hospitals, law enforcement, shelter, etc., are the staff able to count the mileage from their location to the emergency location and back to their home?

Yes. When responding to an emergency while on-call, you do not have to claim from your office location, but from where you actually started.

Travel Questions – Meal and Receipt Information

1. What is the allowable amount for reimbursement for in-state meal/travel?

As of 7/1/14, the in-state meal allowance is as follows:

Table 1: In-State Meal Allowance	
Breakfast	\$5.00 (must depart before 6 a.m.)
Lunch	\$8.00
Dinner	\$15.00 (must return after 7 p.m.)
Total:	\$28.00

2. What constitutes an official meal receipt? ¹

The receipt is considered official and valid when it contains all of the following information:

- name of establishment,
- an itemization of what was eaten,
- date and time,
- city and
- state.

This information is necessary for the following reasons:

- The name of the establishment is to ensure tips are allowable.
- An itemized listing of what is included in the receipt is necessary to ensure that what is being claimed is eligible for reimbursement. The detailed receipt is required for verification it is only for

one person, does not contain alcohol, and only includes meal items – not break items to be consumed at a later time, or other ineligible items. **(Note: credit card receipts only showing the amount charged is not sufficient documentation.)**

- The date and time is to ensure staff are claiming meal reimbursements, only for those meals they are eligible to receive within the parameters listed above.
- The city, state, and location of the establishment is to ensure staff are not purchasing meals within their official domicile unless authorized for a meal in the domicile, or when purchasing food to make meals for travel out of domicile in lieu of eating in a restaurant.¹

3. If there is not an official meal receipt as defined above, then what? ¹

If you receive a non-standard receipt from an establishment, include (write in) the following information on the receipt and sign the receipt:

- name of establishment,
- itemization of what was eaten,
- date and time,
- city, and
- state.

When the employee writes information on a non-standard receipt, they must sign each receipt.¹

4. Some restaurants use a pad where the waitress writes the order. When the customer pays, the customer receives only the small strip across the bottom as a receipt. Do we use the non-standard receipt to get an itemization of the purchase for these instances? ¹

This would be considered a non-standard receipt. You would write the required itemized information, as noted in #5 above of this FAQ, on the receipt and sign it.¹

5. What if a receipt shows alcoholic beverages in addition to the meal? ¹

You have two options:

(1) Draw a single line through any ineligible items (alcohol) on the receipt and exclude both the cost of the ineligible item(s) and the taxes/tips applicable to the ineligible item(s) in the amounts requested for reimbursement,¹ or

(2) Obtain a separate receipt for your alcoholic beverages and do not request reimbursement for these receipts.

6. Are non-alcoholic drinks, appetizers, and dessert ok? ¹

Generally all items consumed at the meal, except alcohol, are allowable. What an employee chooses to eat for their meals will be at their discretion. However, non-food items such as gum, antacids (i.e. Tums, Roloids, Pepto-Bismol, etc.) and breath mints (i.e. Tic Tacs, Altoids, etc.) are not eligible for reimbursement.¹

7. Are tips a reimbursable item? ¹

Tips are allowable with your state funds, but not your federal funds. Tips are allowable for no more than 15% of the food bill up to the maximum allowed for reimbursement. The tip is to be calculated on the sub-total of food and drink before the tax has been applied.¹

8. What about tips not shown on the receipt? ¹

Tips are allowable for no more than 15% of the food bill up to the maximum allowed for reimbursement. The tip is to be calculated on the sub-total of food and drink before the tax has been applied. To document tips if they are not shown on the receipt, the employee should write the allowable amount at the bottom of the applicable meal receipt and sign the receipt.

EXAMPLE #1: Employee is eligible only for lunch reimbursement. The actual cost of the meal is \$7.73 (not including tax) and the employee leaves a 70¢ tip. The total spent is \$8.43 plus tax. Maximum reimbursement allowed is \$8.00 - the current allowable rate for reimbursement for lunch.

EXAMPLE #2: Employee is eligible only for lunch reimbursement. The cost of the meal is \$3.00 (not including tax) and the employee leaves a 50¢ tip. Maximum reimbursement allowed is \$3.45 - the actual spent for the food, plus 15% for the tip.

EXAMPLE #3: Employee is eligible for lunch and dinner reimbursement. The cost of the lunch meal is \$3.00 (not including tax) and the employee leaves a 50¢ tip (45¢ tip is allowable). The cost of the dinner meal is \$10.00 (not including tax) and employee leaves a \$2.00 tip (\$1.50 tip is allowable). Maximum reimbursement allowed is \$14.95 (\$3.45 plus \$11.50).¹

9. Can I claim tips for grocery stores, fast-food restaurants, and gas stations? ¹

Tips are not allowable for self-service locations. Claims for tips paid at gas stations, fast-food restaurants, or grocery stores will not be allowed. Tips for cafeterias with seating areas within grocery stores are allowable.¹

10. What is the expectation for breakfast and dinner? What time do I need to leave or return to my official domicile in order to be eligible for breakfast and/or dinner? ¹

When you leave before 6:00 am, you may be reimbursed for breakfast. When you return after 7:00 pm, you may be reimbursed for an evening meal.¹

11. What is the expectation for adding break items to either breakfast or lunch? ¹

Break items are not allowable and are considered a personal expense.¹

12. What if I eat different items from multiple locations at different times (i.e. a salad at one restaurant and then a burger later, at another restaurant). Can I have multiple receipts per meal? ¹

No. A meal is defined as food and drink consumed at one sitting. One receipt per meal is allowed. The intent of the single receipt is not to allow the purchase of additional food for breaks throughout the day. Meals should be purchased during your allowed meal time.¹

13. What if I don't eat my meal at a restaurant? For example, sometimes I stay with family or friends while on the road or stay in hotels with refrigerators and microwaves, and then purchase food for preparation from a grocery store. Will receipts from grocery stores be eligible for reimbursement instead of a restaurant receipt?¹

If an employee chooses to make their own meals (in lieu of eating at a restaurant), a receipt from a grocery store may be eligible for reimbursement. If the receipt covers multiple meals or multiple dates, write the dates the meals are requested for on the receipt and document the cost allocated to each meal.

EXAMPLE #1: An employee is eligible for two lunches, one dinner and one breakfast. You need to indicate the items on the grocery store receipt that were consumed at those four eligible meals. Any items not accounted for by meal, will not be reimbursed.

In addition, to clarify, grocery receipts are only to be used for the dates surrounding the trip date, for instance: a day or two prior to the trip. Claims for items on a grocery store receipt for a subsequent trip are not allowable. A grocery store receipt dated after a trip is also not allowable.

EXAMPLE #2: An employee is staying at a location for two days. The grocery store receipt can only be used for the days with lodging and the following breakfast or lunch meal times. Items on that same grocery receipt cannot be used for dates later in the month.¹

14. Since you have to turn in receipts does the "combined" meal issue also change? They are speaking of when they are out all day (prior to departure of 6 am and return after 7 pm). If they don't use their entire breakfast and lunch allowance are they still entitled to \$28 for the day when dinner is only \$15?¹

EXAMPLE #1: They don't claim the full breakfast (\$1) and lunch (\$2 or \$0) amount and just eat a large dinner. They pick up something light for breakfast and lunch. They may eat somewhere for \$25 for dinner. So their total for the day is \$28. They would still get the \$28? Yes, they are still eligible to combine the costs and eat a higher priced meal when eligible.¹

15. If I am attending a conference and the meal is provided, can I still get a different meal and request reimbursement?

No. You cannot claim the meal covered by the conference registration for reimbursement.

Travel Questions – Hotel Information

1. What if I have meals on a hotel receipt? ¹

The meals on the hotel receipt will need to be itemized. Hotels will provide an itemized receipt if you request it.

2. If I am asking for reimbursement for a hotel can I use a copy of my credit card receipt as documentation from the hotel?

No. Your hotel receipt must be itemized for each night of your stay and show a zero balance.

Travel Reimbursement for Out-Of-State Travel

1. What is the allowable amount for reimbursement for out-of-state meal/travel?

All Programs/Agencies must utilize the rates set by the State of Iowa, for out-of-state meals, as summarized in the following link on the Iowa Department of Administrative Services (DAS) website: http://das.sae.iowa.gov/travel_relocation/us-states.html. Each city will have a level associated with it. Once you have found your city level (1, 2, 3 or 4) then find the amount of funds available for each meal as listed below. If a city is not listed, always utilize the level 1 reimbursement amounts.

Table 2: Out-of-State Meal Reimbursement Levels				
	Level 1	Level 2	Level 3	Level 4
Breakfast	\$7.00	\$7.00	\$8.00	\$9.00
Lunch	\$8.00	\$9.00	\$10.00	\$11.00
Dinner	\$16.00	\$21.00	\$25.00	\$30.00
Total:	\$31.00	\$37.00	\$43.00	\$50.00

All information regarding receipts, mileage, etc. outlined in the previous travel sections of this FAQ must also be followed for out of state travel.

2. Is there an approval process for out-of-state travel?

Yes. All out-of-state travel must be approved by your primary VSS Program contact or the VSS Administrator, prior to any expenses being incurred. In order to request attendance at an out-of-state conference or meeting, your agency must submit a fully completed “Out-of-State Travel Request” form outlining the projected expenses for the travel, list of staff to attend out-of-state conference or meeting, agenda and registration information for conference, or meeting, or a link to review this information.

A staff person who has been approved for out-of-state travel will complete a Travel Payment Form upon conclusion of the trip.

3. Do we utilize out-of-state levels for neighboring states?²

Individuals who travel within a 50-mile distance beyond the state border shall be subject to in-state meal and lodging expense limitations.² If you are unsure if a city falls within the 50 mile distance, please access the following link: http://das.sae.iowa.gov/travel_relocation/us-states.html

Electronic Signatures

1. Are we allowed to use electronic signatures for completion of travel forms, claims forms, etc.? What constitutes an electronic signature?

Our office is currently researching if an electronic signature is allowed and what constitutes an electronic signature.

Complete Program Budget

1. When is the Complete Program Budget due?

Your Complete Program Budget is due on or before September 1, 2014.

2. Can our agency receive reimbursement of VSS funds if we have not submitted our Complete Program Budget?

No. Your claims for reimbursement must follow your Complete Program Budget categories, so we must have the final Complete Program Budget, before reimbursement can be processed.

3. What if we have applied for non-VSS funds, but have not heard if we have received or been awarded the funds, how do I reflect this on the Complete Program Budget?

Please explain that this budget item is “tentative” or “pending”.

4. We estimate our fundraising, donations and volunteers based on previous fiscal years, do we need to write “pending” for these items?

No, as we realize this is based on previous fundraising, donations and volunteers.

5. If we have a two month gap in hiring, can we utilize these funds in another category?

Yes, but you must submit a Budget Revision Request Form for approval by the VSS Program and receive approval prior to expending funds in a manner different than initially approved.

6. Does your agency have any suggestion about how funds should be utilized if there is a gap in hiring as outlined in question #5 above?

Yes we encourage your agency to utilize those funds for direct client assistance whenever possible, in order to assist victims in achieving safety and self-sufficiency.

Contract Stipulations

1. When is the written response to the Contract Stipulations due?

The response to your contract stipulations are due on, or before September 1, 2014.

2. Do we need to provide a written response to all of our Contract Stipulations?

Yes. Please submit a written response for each contract stipulation, to your primary VSS staff contact.

3. Can our agency receive reimbursement on our VSS funds if we have not completed our Contract Stipulations?

No, not unless the CVAD Director and/or VSS Administrator have approved an extension for good cause.

4. Can I apply for an extension on the date in order to complete Contract Stipulations?

Plan on having your written responses to CVAD, on or before the deadline date of September 1, 2014.

You must submit a request for an extension in writing, to your primary VSS Program staff person and the VSS Administrator before the deadline date. Extensions will only be granted on rare occasions if good cause has been shown.

5. One of our contract stipulations is to use 60% of our increase from State Fiscal Year (SFY) 2014 to SFY2015 to hire new staff. Can we count increasing a part-time staff's hours as part of this 60% set aside?

Yes, please explain this in your written response to your contract stipulations.

6. Is there a date when we have to have new staff hired?

Yes you must have new staff hired by October 1, 2014. If your agency fails to meet this contract stipulation, the VSS Program reserves the right to adjust the Program's contract, decreasing their award by any portion of the overall increase.

Table of Organization

1. When are we supposed to submit our updated Table of Organization?

Your updated table of organization is due on or before September 1, 2014. Any updates or changes to the table of organization must be submitted within 30 days of the change to your primary VSS Program contact. The table of organization should also include a list of each staff member and their designated service area.

Example 1: If I hire someone September 15, 2014 then I need to send you an updated Table of Organization on or before October 15, 2014 (within 30 days of the update) correct?

Yes, the Table of Organization updates must be submitted within 30 days of the change, to your primary VSS Program contact.

Gifts/Trinkets/Memorabilia/Commemorative Items

1. Are we allowed to purchase gifts, trinkets, memorabilia and commemorative items to give out at a conference or event?

Yes, but **only with prior approval** from your Primary VSS contact. In your request for approval, you must justify the expense(s), outline number and description of each item to be purchased, the cost per unit and explain how this furthers your agency's mission or goal of the conference/training.

2. Are we allowed to purchase items that advertise our agency information such as our hotline number and services for outreach to victim within our community and/or to give to victims in order for them to be able to hide emergency information where safety is an issue?

Yes you are able to purchase these items for these purposes only **with prior approval** from your Primary VSS contact. Justification and a breakdown of the description and costs for each item should also be included in your request for approval. Again, prior approval should be received from your primary VSS staff before purchasing any items.

¹Excerpts of this document were taken from the Iowa Department of Administrative Services State Accounting Enterprise Meal, Travel, and Work Related Receipts FAQs Frequently Asked Questions effective July 1, 2009 which can be found at http://das.sae.iowa.gov/travel_relocation/in_state_travel.html.

²Excerpts of this document were taken from the Iowa Department of Administrative Services State Accounting Enterprise information which can be found at http://das.sae.iowa.gov/internal_services/210_travel.html.

³Excerpts of this document were taken from Federal Office for Chief Financial Officer's Financial Guide for 2013 page 74 which can be at <http://ojp.gov/financialguide/index.htm>.

Appendix U

State Domestic and Sexual Abuse Certified Assurances

IOWA DOMESTIC ABUSE (DA) AND/OR SEXUAL ABUSE (SA) CERTIFIED ASSURANCES

The program assures and certifies that:

1. It is operated by a public or non-profit agency.
2. It will (a) prohibit discrimination against any employee, applicant for employment, or any person participating in any sponsored program on the basis of age, race, creed, color, gender, sexual orientation, gender identity, physical or mental disability, national origin, or religion, (b) compensate employees at no less than minimum wage, and (c) provide safe and sanitary working conditions.
3. It will comply with Iowa Code Section 8.11 regarding Minority Impact Statement, and the Iowa Attorney General's Crime Victim Assistance Division rules as contained in the Iowa Administrative Code, 61 IAC Chapter 9, Section 9.50 through 9.65; and the policies of the Iowa Attorney General's Crime Victim Assistance Division.
4. The grant funds will be used to supplement and not supplant other available or mandated funds.
5. All private agencies agree to perform an audit in accordance with Iowa Code Section 11.36 audit requirements.
6. Due Dates for Audit Reports Audit reports are due the earlier of thirty days after receipt of the auditor's report or (9) nine months after the end of the audit period. Audits must be sent to CVAD upon completion.
7. The grant funds will only be used to provide services to victims of domestic abuse or sexual abuse as specified in Iowa Code section 236.15.
8. It will maintain client, staff, policy and procedure information and that **reports** shall be submitted, in the correct form, on time, and containing information as required by the Crime Victim Assistance Division (CVAD).
9. It has a grievance procedure for victims, employees and volunteers.
10. It is a domestic abuse or sexual abuse program as defined in Iowa Code Chapter 236 and that all employees and volunteers who provide victim services are certified as victim counselors as provided in Iowa Code Chapter 915.
11. It provides all services without regard to a victim's ability to pay. There shall be no charge to victims for services provided by the program.
12. If it provides services to victims of domestic abuse, the program has the capacity to provide or arrange for safe shelter of victims and their children.

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13. If it provides services to victims of sexual abuse, the program has the capacity to provide in-person support to victims at the time of an evidentiary sexual abuse examination.
14. It will keep time and attendance records for all DA-funded and SA-funded staff.
15. It will create a sexual harassment policy which includes the process for filing a grievance of sexual harassment by a staff member, client, victim, or volunteer. The process shall take into consideration how to file a complaint against a supervisor, administrator or director. After the creation of the sexual harassment policy, all current staff and volunteers, as well as new staff and volunteers will sign an acknowledgement form that they have reviewed and understand the sexual harassment policy. One copy will be provided to the staff member, or volunteer and one will be kept in their personnel file.

I certify that the program in this application meets all the requirements stated in these certified assurances for the Domestic Abuse and/or Sexual Abuse state funds and that the program will comply with all applicable state laws and regulations.

Program Name

Signature of Authorized Representative

Date

Typed Name of Authorized Representative

Title of Authorized Representative

Email Address of Authorized Representative

Telephone Number of Authorized Representative

Program Director Signature

Date

Typed Name of Program Director

Title of Program Director

Email Address of Program Director

Telephone Number of Program Director

Appendix V

Federal Family Violence Prevention & Services Act (FVPSA or FV)

Certified Assurances

FAMILY VIOLENCE PREVENTION AND SERVICES ACT (FV) CERTIFIED ASSURANCES

The program assures and certifies that:

1. They will prohibit discrimination against any employee, applicant for employment, or any person participating in any sponsored program on the basis of age, race, creed, color, sex, sexual orientation, gender identity, physical or mental disability, national origin, or religion, compensate employees at no less than minimum wage, and provide safe and sanitary working conditions.
2. It will create a sexual harassment policy which includes the process for filing a grievance of sexual harassment by a staff member, client, victim, or volunteer. The process shall take into consideration how to file a complaint against a supervisor, administrator or director. After the creation of the sexual harassment policy, all current staff and volunteers, as well as new staff and volunteers will sign an acknowledgement form that they have reviewed and understand the sexual harassment policy. One copy will be provided to the staff member, or volunteer and one will be kept in their personnel file.
3. These funds may not be used as direct payment to any victim or dependent of a victim of family violence.
4. No income eligibility standard will be imposed on individuals receiving assistance or services supported with funds appropriated to carry out the Act. There shall be no charge to victims for services provided by the program.
5. The address or location of any shelter-facility assisted under the Act will not be made public, except with written authorization of the person or persons responsible for the operation of such shelter.
6. Performance reports will be submitted as required by the Crime Victim Assistance Division (CVAD).
7. It will keep time and attendance records for all CVAD funded staff.
8. FV awarded funds will be used to supplement and not supplant other Federal, State, and local public funds expended to provide services and activities that promote the purposes of the Act.
9. It will comply as applicable with the following regulations from Title 45 of the Code of Federal Regulations (CFR):
 - 45 CFR Part 16 Procedures of the Departmental Grant Appeals Board;
 - 45 CFR Part 30 Claims Collection;
 - 45 CFR Part 80 Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health and Human Services, Effectuation of Title VI of the Civil Rights Act of 1964;
 - 45 CFR Part 81 Practice and Procedure for Hearings Under Part 80 of this Title;
 - 45 CFR Part 84 Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance;

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- 45 CFR Part 86 Nondiscrimination on the Basis of Sex in Education Programs and Activities Receiving Federal Financial Assistance;
 - 45 CFR Part 87 Equal Treatment for Faith-Based Organizations;
 - 45 CFR Part 91 Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance;
 - 45 CFR Part 92 Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments;
 - 45 CFR Part 97 Consolidation of Grants to the Insular Areas;
 - 45 CFR Part 100 Intergovernmental Review of Department of Health and Human Services Programs and Activities; and
 - 2 CFR 376 Non-procurement Debarment and Suspension.
10. Iowa Code Section 8.11 regarding Minority Impact Statement, and the Iowa Attorney General's Crime Victim Assistance Division rules as contained in the Iowa Administrative Code, 61 IAC Chapter 9, Section 9.50 through 9.65; and the policies of the Iowa Attorney General's Crime Victim Assistance Division.
11. It will comply as applicable with the following Circulars from the Office of Management and Budget (OMB): OMB Circular A-133 Audits of State, Local Governments, and Non-Profit Organizations and the Single Audit Act of 1984 as amended; OMB Circular A-122 Cost Principles for Non-profit Organizations; OMB Circular A-87 Cost Principles for State, Local and Indian Tribal Governments; educational institutions are subject to OMB Circular A-21; commercial organization vendors or subcontractors are subject to the cost principles under 48 CFR Part 31 and are subject to the provisions of 45 CFR Part 92.
12. It will provide for an independent **audit** report on an annual basis as required by Office of Management and Budget (OMB) Circular A-133. It will comply with the organizational audit requirements of OMB Circular A-133 and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from OMB Circular A-133 audits are not satisfactory and promptly addressed.
13. Non-Federal entities that expend \$500,000 or more a year in Federal funds (from all sources including pass-through awards) in the organization fiscal year (12 month turnaround reporting period) shall have a single organization-wide audit conducted in accordance with the provisions of OMB Circular A-133.
14. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year. Records must be kept and available for review or audit by appropriate officials including the Federal agency, State agency, and U.S. Government Accountability Office (GAO).
15. All private agencies agree to perform **an audit in accordance with Iowa Code Section 11.36** audit requirements.

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16. **Due Dates for Audit Reports** Audit reports are due the earlier of thirty days after receipt of the auditor's report or (9) nine months after the end of the audit period. Audits must be sent to CVAD upon completion.
17. It will not use any federal funds, either directly or indirectly, in support of the lobbying activities including the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government including activities to influence proposed or pending Federal or State legislation or appropriations and all requirements as applicable under 45 CFR Part 93 regarding New Restrictions on Lobbying. This prohibition is related to the use of Federal funds and is not intended to affect an individual's right or that of any organization, to petition Congress, or any other level of Government, through the use of other resources.
18. It will comply with the 45 CFR Part 82 Drug-Free Workplace Act of 1988 and 42 U.S.C. 701 et. seq. requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. The recipient must notify the awarding office if an employee of the recipient is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. HHS implementing regulations are set forth in 45 CFR Part 82 ó Government wide Requirements for Drug-Free Workplace (Financial Assistance).
19. It will comply with 45 CFR 92.35 and Executive Order 12549 regarding Debarment and Suspension. In order to see if your organization is debarred or suspended a list is available on the web at <http://www.epls.gov>. Any program that receives FV fund and is on the Debarment and Suspension list must notify the Crime Victim Assistance Division (CVAD).
20. In accordance with Public Law 103-333, the "Department of Labor, Health and Human Services, and Education and Related Agencies Appropriations Act of 1995," the following provisions are applicable to this award:
- a. Section 507: "Purchase of American-Made Equipment and Products ó It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made."
 - b. Section 508: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing the projects or programs funded in whole or in part with Federal money, all States receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources."
21. It will not utilize the awarded funds to support inherently religious activities such as religious instruction, worship, or proselytization, as part of programs or services funded with FV funds. Therefore, organization must take steps to separate, in time or location, their inherently religious activities from the services under this program. Regulations pertaining to this prohibition of Federal funds for inherently religious activities can be found on the HHS website at:

<http://www.os.dhhs.gov/fbc/waisgate21.pdf> and within 45 CFR Part 87- Equal Treatment of Faith-Based Organizations.

22. In accordance with Public Law 103-227, the "Pro-Children Act of 1994", smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education or library services to children under the age of 18, if the services are funded by Federal programs whether directly or through State or local governments. This includes any subgrants, contracts, cooperative agreements, as well as loans and loan guarantees. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions or facilities and used for inpatient drug and alcohol treatment. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000 per day as well as suspension or termination of your FV funds.
23. It will comply with any **additional eligibility or service criteria** established by the Crime Victim Assistance Division.
24. It will notify the Crime Victim Assistance Division (CVAD) office **in writing, by e-mail, or through the Programs Assistant website** within 30 days of any staffing change.
25. It will notify the Crime Victim Assistance Division (CVAD) office **in writing or via e-mail** of any FV-funded positions that remain vacant for 45 days or more. This notification must include reason for vacancy and plan for filling the position.
26. It will expend funds received only for the purposes and activities covered by the program's approved application and budget; and that the award contract may be **suspended or terminated** at any time by CVAD if the program fails to comply with the provisions of the Family Violence Prevention and Services Act or any of the certified assurances listed throughout this document.

I certify that I have read and reviewed the assurances included in this document for the Family Violence Prevention and Services Act funds and that the program will comply with all applicable state laws and regulations. I certify that I have read and reviewed the above assurances and that the program will comply with all provisions of Section 306 of the Family Violence Prevention and Services Act (42 U.S.C. Section 10401, et. seq.) as amended by Public Law 111-320.

Program Name

Signature of Authorized Representative

Date

Typed Name of Authorized Representative

Title of Authorized Representative

Email Address of Authorized Representative
Representative

Telephone Number of Authorized

Program Director Signature

Date

Typed Name of Program Director

Title of Program Director

Email Address of Program Director

Telephone Number of Program Director

Appendix W

Federal Sexual Abuse Services Program (SASP or SF) Certified Assurances

SEXUAL ASSAULT SERVICES PROGRAM (SASP or SS) CERTIFIED ASSURANCES

The program assures and certifies that:

1. Federal funds made available under this formula funds **will not be used to supplant** state or local funds, but will be used to increase the amounts of such funds that would, in the absence of federal funds, be made available for sexual assault services project activities.
2. All programs receiving these funds are exempt for making match.
3. Fund accounting, auditing, monitoring, evaluation procedures, and such **records** as the Attorney General's Crime Victim Assistance Division (CVAD) shall prescribe, shall be provided to assure fiscal control, proper management, and efficient disbursement of funds received.
 - a. It shall maintain such data and information and submit such **reports** in such form, at such times, and containing such data and information as the CVAD may reasonably require administering the program.
4. It will comply, and all its contractors and subgrantees will comply, with any applicable federal **nondiscrimination requirements**, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. §5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans Disabilities Act of 1990 (42 U.S.C. §§ 12131-34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations ó Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Ex. Order 13279 (equal protection of the laws for faith-based and community organizations); and 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations ó Equal Treatment for Faith-Based Organizations). Additional information about civil rights obligation of programs and grantees can be found at <http://www.ojp.usdoj.gov/ocr/>.
5. In accordance with federal civil rights laws, the program or grantee shall not retaliate against individuals for taking action or participating in action to secure rights protected by federal civil rights laws.
6. It will comply with Iowa Code Chapter 216 as amended which governs civil rights protection in Iowa; and Iowa Code Section 8.11 regarding Minority Impact Statements; the Iowa Attorney General's Crime Victim Assistance Division rules as contained in the Iowa Administrative Code, 61 IAC Chapter 9, Section 9.50 through 9.65; and the policies of the Iowa Attorney General's Crime Victim Assistance Division.
7. It will determine whether it is required to formulate an **Equal Opportunity Program (EEOP)**, in accordance with 28 CFR 42.302 et. seq. If the program is not required to formulate an EEOP, it will submit a certification form to the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), and the Iowa Attorney General's Crime Victim Assistance Division (CVAD) indicating that it is not a required to develop an EEOP. If the program is required to develop an EEOP, but is not required to submit the EEOP to the OCR, the program will submit a certification form to the OCR and the CVAD

certifying that it has an EEOP on file which meets the applicable requirements. If the applicant is awarded a grant of \$500,000 or more and has fifty or more employees, it will submit a copy of its EEOP to the OCR and the CVAD. Non-profit organizations, Indian Tribes, and medical and education institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. A copy of the certification form should also be submitted to the CVAD. Additional information regarding a grantee's EEOP requirements can be found at http://www.ojp.usdoj.gov/about/ocr/eeop_comply.htm.

8. It will comply with Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the program or grantee must take reasonable steps to ensure the LEP persons have meaningful access to your programs. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. The program is encouraged to consider the need for language services for LEP person served or encountered both in developing your budgets and in conducting your programs and activities. Additional assistance and information regarding your LEP obligations can be found at <http://www.lep.gov>.
9. In the event that a Federal or State court or Federal or State administrative agency makes a **finding of discrimination** after a due process hearing on the grounds of race, color, religion, national origin, sex, age, or disability against the program, the program will forward the findings to the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), and the Iowa Attorney General's Office, Crime Victim Assistance Division (CVAD).
10. It will maintain statutorily required **civil rights statistics** on victims served by race, gender, national origin, age and disability and permit reasonable access to its books, documents, papers, and records to determine whether they are complying with applicable civil rights laws. This requirement is waived when soliciting the information may be inappropriate or offensive to the crime victim.
11. It agrees to comply with the applicable requirements of the 28 C.F.R. Part 38, the Department of Justice (DOJ) regulation governing "Equal Treatment for Faith Based Organizations" (the "Equal Treatment Regulation"). The Equal Treatment Regulation provides in part that the DOJ grant awards of direct funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Recipients of direct grants may still engage in inherently religion activities, but such activities must be separate in time or place from the DOJ funded program, and participation in such activities by individuals receiving services from the grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs directly funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of beneficiary's religion.
12. It will create a sexual harassment policy which includes the process for filing a grievance of sexual harassment by a staff member, client, victim, or volunteer. The process shall take into consideration how to file a complaint against a supervisor, administrator or director. After the creation of the sexual harassment policy, all current staff and volunteers, as well as new staff and volunteers will sign an acknowledgement form that they have reviewed and understand the sexual harassment policy. One copy will be provided to the staff member, or volunteer and one will be kept in their personnel file.

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13. It will not use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government without the express prior written approval of the OVW, in order to avoid violation of 18 USC §1913. The recipient may, however, use federal funds to collaborate with and provide information to Federal, State, local, tribal and territorial public officials and agencies to develop and implement policies to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking [as those terms are defined in 42 USC 13925(a)] when such collaboration and provision of information is consistent with the activities otherwise authorized under this funding. It will not use any federal funds for lobbying and will comply with requirements as applicable under 28 CFR Part 69 regarding New Restrictions on Lobbying.
 14. It will comply with the Drug-Free Workplace Act of 1988, implemented at 28 CFR Part 67, subpart F, for programs, as defined at 28 CFR Part 67 Sections 67.615 and 67.620.
 15. It will encourage adoption and enforcement of on-the-job seat belt policies and programs for its employees, contractors, and subrecipients when operating agency-owned, rented, or personally owned vehicles pursuant to 23 USC 402 and 403, and 29 USC 668.
 16. It agrees to comply with all relevant statutory and regulatory requirements which may include, among other relevant authorities, the Violence Against Women Act of 1994, P.L. 103-322, the Violence Against Women Act of 2000, P.L. 106-386, the Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C 3711 et seq., the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162, and OVW's implementing regulations at 28 CFR Part 90.
 17. It must be in compliance with specifications outlined in the solicitation under which the approved application was submitted. The program solicitation is hereby incorporated by reference into this award.
 18. The recipient understands and agrees that misuse of award funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from federal grants, recoupment of monies provided under an award, and civil and/or criminal penalties.
 19. The Director of the Office on Violence Against Women (OVW), upon a finding that there has been substantial failure by the recipient to comply with applicable laws, regulations, and/or the terms and conditions of the award or relevant solicitation, will terminate or suspend until the Director is satisfied that there is no longer such failure, all or part of the award, in accordance with the provisions of 28 CFR Part 18, as applicable mutatis mutandis.
 20. It agrees that if they receive any funding that is duplicative of funding received under this grant, they will notify their OVW manager as soon as possible and a Grant Adjustment Notice (GAN) will be issued changing the budget to eliminate the duplication, and the grantee agrees and understands that any duplicative funding will be deobligated from its award and returned to OVW.
 21. It will refer to the Crime Victim Assistance Division and to the Office of Inspector General (OIG) through the Department of Justice (DOJ) any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person was either 1) submitted a false claim for grant funds under the

False Claims Act; or 2) committed a criminal or civil violation of law pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving SASP funds. Additional information is available from the DOJ OIG website at www.usdoj.gov/oig. Potential fraud, waste, abuse, or misconduct should be reported to the OIG by:

- Mail: Office of Inspector General
U.S. Department of Justice
Investigations Division
950 Pennsylvania Avenue, N.W.
Room 4706
Washington, DC 20530
- Email: oig.hotline@usdoj.gov
- Phone: 1-800-869-4499 (contact information English and Spanish)
- Fax: 1-202-616-9881

22. All materials and publications (written, visual, or sound) resulting from the award activities shall contain the following statements: "This project was supported by subgrant No. _____ awarded by the state administering office for the SASP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Justice, Office on Violence Against Women.
23. It understands and agrees that any training or training materials developed or delivered with funding provided under this award must adhere to the OVW Training Guiding Principles for Grantees and Subgrantees, available at <http://www.ovw.usdoj.gov/grantees.html>.
24. It agrees to comply with all applicable laws, regulations, policies, and guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences (which is defined to include meetings, retreats, seminars, symposiums, trainings, and other events), including the provision of food and/or beverages at such events, and costs of attendance at such events. Information on pertinent laws, regulations, policies, and guidance is available at: <http://www.ovw.usdoj.gov/grantees.html>. It agrees to contact and receive permission from their Victim Services Support Program primary contact from the Iowa Attorney General's Crime Victim Assistance Division prior to utilizing federal VW funds for related conference expenses.
25. It agrees to submit one copy of all reports and any other written materials or products that are funded under the project to Federal Office on Violence Against Women by submitting it to the Iowa Attorney General's Crime Victim Assistance Division not less than 30 days prior to public release. If the written material is found to be outside the scope of the program or in some way to compromise victim safety, it will need to be revised to address these concerns or the funded program will not be allowed to use VW funds to support the further development or distribution of the materials.
26. Recipient understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of OVW.

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27. It agrees to comply with applicable requirements regarding Central Contractor Registration (CCR) and applicable restrictions and provide a Data Universal Numbering System (DUNS) number. The details of recipient obligations are posted on the Office of Violence Against Women web site at <http://www.ovw.usdoj.gov/docs/ccr-award-term.pdf>.
28. It will encourage adoption and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by these funds, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009).
29. It will comply with 28 CFR §66.34, in which the Office on Violence Against Women reserve a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, in whole or in part (including in the creation of derivative works), for Federal Government purposes:
- any work that is subject to copyright and was developed under this award, subaward, contract or subcontract pursuant to this award; and
 - Any work that is subject to copyright for which ownership was purchased by a recipient, subrecipient or a contractor with support under this award.

In addition, the recipient (or subrecipient, contractor or subcontractor) must obtain advance written approval from the Office on Violence Against Women (OVW) program manager assigned to this award by forwarding this information to the Iowa Attorney General's Crime Victim Assistance Division, and must comply with all conditions specified by the (OVW) program manager in connection with that approval before: (1) using award funds to purchase ownership of, or a license to use, a copyrighted work; or (2) incorporating any copyrighted work, or portion thereof, into a new work developed under this award.

It is the responsibility of the funded recipient (and of each subrecipient, contractor or subcontractor as applicable) to ensure that this condition is included in any subaward, contract or subcontract under this award.

22. It will comply with the financial and administrative requirements set forth in the current edition of the Office on Violence Against Women (OVW) Financial Grants Management Guide.
23. It will provide for an independent **audit** report on an annual basis as required by Office of Management and Budget (OMB) Circular A-133 and the OCFO Financial Guide. It will comply with the organizational audit requirements of OMB Circular A-133 and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from OMB Circular A-133 audits (and any other audits of Department of Justice funds) are not satisfactory and promptly addressed as further described in the current edition of the OVW Financial Grants Management Guide and the OCFO Financial Guide.
24. Non-Federal entities that expend \$500,000 or more a year in Federal funds (from all sources including pass-through awards) in the organization fiscal year (12 month turnaround reporting period) shall have a single organization-wide audit conducted in accordance with the provisions of OMB Circular A-133.

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25. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year. Records must be kept and available for review or audit by appropriate officials including the Federal agency, State agency, and U.S. Government Accountability Office (GAO).
 26. All private agencies agree to perform **an audit in accordance with Iowa Code Section 11.36** audit requirements.
 27. **Due Dates for Audit Reports** Audit reports are due the earlier of thirty days after receipt of the auditor's report or (9) nine months after the end of the audit period. Audits must be sent to CVAD upon completion.
 28. It will comply with any additional requirements that may be imposed during the grant performance period if determined to be a high-risk grantee per Cf. 28 C.F.R. parts 66, 70.
 29. No recipient of SASP funds shall use or reveal any **research or statistical information** furnished under this program by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with the SASP. Such information shall be immune from legal process and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceeding.
 30. When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with **Federal money**, all programs receiving Federal funds, including but not limited to State and local governments, shall clearly state (1) the percentage of the total cost of the program or project which will be financed with Federal money, and (2) the dollar amount of Federal funds for the projects or program.
 31. It will comply with any **additional eligibility or service criteria** established by the Crime Victim Assistance Division.
 32. It will maintain client, staff, policy and procedure information and that reports shall be submitted, in the correct form, on time, and containing information as required by the Crime Victim Assistance Division.
 33. It will notify the Crime Victim Assistance Division (CVAD) office **in writing, by email or through the online Programs Assistant website** within 30 days of any staffing change.
 34. It will notify the Crime Victim Assistance Division (CVAD) office **in writing or via e-mail** of any VAWA-funded positions that remain vacant for 45 days or more. This notification must include reason for vacancy and plan for filling the position.
 35. It will expend funds received only for the purposes and activities covered by the program's approved application and budget; and that the funds may be **suspended or terminated** at any time by the CVAD if the program fails to comply with the provisions of the certified assurances listed throughout this document.

36. It acknowledges that SASP funds may only be used for the provision of direct intervention and related assistance to victims of sexual violence, including but not limited to:

- 24-hour crisis line services;
- medical and criminal justice/civil legal accompaniment,
- advocacy; and
- short term individual and group support counseling.

30. It will not utilize the SASP funds for the following unallowable activities:

- lobbying;
- fundraising;
- research projects;
- purchase of real property;
- construction;
- physical modifications to buildings, including minor renovations (such as painting or carpeting);
- sexual assault nurse examiner projects;
- criminal justice-related projects, including law enforcement, prosecution, courts, and forensic interviews;
- efforts focused on prevention efforts (e.g., bystander intervention, social norm campaigns, presentations on healthy relationships, etc.);
- projects focused on training allied professionals and/or communities; or the establishment or maintenance of Sexual Assault Response Teams; and
- providing domestic violence services that do not relate to sexual violence;

31. It will not support activities that may compromise victim safety and recovery, such as:

- pre-trial diversion programs not approved by OVW or the placement of offenders in such programs;
- procedures and policies that exclude victim from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or sex of their children;
- mediation;
- couples counseling;
- family counseling or any other manner of joint victim-offender counseling;
- mandatory counseling for victims;
- penalizing victims who refuse to testify;
- promoting procedures that would require victims to seek legal sanctions against their abusers (e.g., seek a protection order, file formal complaint); or
- placement of perpetrators in anger management programs;
- crafting policies that deny individuals access to services based on their relationship to the perpetrator;
- developing materials that are not tailored to the dynamics of sexual assault or the culturally specific population to be served;
- crafting policies or engaging in practices that impose restrictive conditions to be met by the victim in order to receive services (e.g., counseling, seeking an order for protection);

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- sharing confidential victim information with outside organizations and/or individuals without the documented consent of the victim; and
 - crafting policies that require the victim to report the sexual assault to law enforcement.

32. It will comply with all relevant statutory and regulatory requirements which may include, among other relevant authorities, the Violence Against Women Act of 1994, Pub. L. No. 103-322; Violence Against Women Act of 2000, Public Law 106-386; Omnibus Crime Control and Safe Streets Act of 1968, 42 U.S.C. 3711 et seq., the Violence Against Women and Department of Justice Reauthorization Act of 2005, Public Law 109-162, and OVW's implementing regulations at 28 CFR Part 90.

I certify that the program in this application meets all the requirements stated in these certified assurances and that all the information presented is correct, and the application will comply with the provisions of the Violence Against Women Act and all other federal laws, regulations, and guidelines. By appropriate language incorporated in each subcontract or other document under which funds are to be disbursed, the undersigned shall assure the applicable conditions above apply to all recipients of assistance.

Program Name

Signature of Authorized Representative

Date

Typed Name of Authorized Representative

Title of Authorized Representative

Email Address of Authorized Representative

Telephone Number of Authorized Representative

Program Director Signature

Date

Typed Name of Program Director

Title of Program Director

Email Address of Program Director

Telephone Number of Program Director

Appendix X

Federal Victims of Crime Act (VOCA or VA) Certified Assurances

VICTIMS OF CRIME ACT (VOCA or VA) CERTIFIED ASSURANCES

The program assures and certifies that:

1. It will use Crime Victim Assistance Grant funds made available under VOCA to enhance or expand services and that VOCA funds will not be used to **supplant** state and local funds that would otherwise be available for crime victim services.
2. It will contribute the amount of **matching funds** as required by VOCA and the Crime Victim Assistance Division.
3. It is a **public or non-profit program**, or a combination of such agencies, and that it provides services to victims of crime.
4. It can demonstrate a **record of providing effective services** to crime victims. This includes having community support and approval of its services by the community, a history of providing direct services in a cost-effective manner, and financial support from other sources. A new program that has not yet demonstrated a record of providing service must show that 25-50% of their financial support comes from non-federal sources.
5. Victim assistance funds shall be used only to provide **direct services** free of charge to victims of crimes.
6. It will help victims apply for **Crime Victim Compensation** benefits.
7. It will provide services to victims of crime at **no charge**. No income eligibility standards will be imposed on individuals receiving assistance or services supported with VOCA funds.
8. It will provide services to **victims of federal crimes** on the same basis as victims of state/local crimes.
9. It will promote within the community, **coordinated public and private efforts** to aid crime victims.
10. It will incorporate the **use of volunteers** unless the Crime Victim Assistance Division determines there is a compelling reason to waive this requirement. A compelling reason may be a statutory or contractual provision concerning liability or confidentiality of counselor/victim information, which bars using volunteers for certain positions, or the inability to recruit and maintain volunteers after a sustained and aggressive effort.
11. It will maintain **confidentiality** of client-counselor information as required by state and federal law.
12. It does not discriminate against victims because they disagree with the way the State is prosecuting the criminal case.

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13. It will comply, and all its contractors and subgrantees will comply, with any applicable federal **nondiscrimination requirements**, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 10604(e)); the Victims of Crime Act [42 U.S.C. §10604(e)]the Juvenile Justice and Delinquency Prevention Act of 2020 (42 U.S.C. §**5672(b)**); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 as amended (29 U.S.C. § 791); the Americans Disabilities Act of 1990 (42 U.S.C. §§ 12131-34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations ó Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Ex. Order 13279 (equal protection of the laws for faith-based and community organizations); and 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations ó Equal Treatment for Faith-Based Organizations). Additional information about civil rights obligation of grantees can be found at <http://www.ojp.usdoj.gov/ocr/>.
14. In accordance with federal civil rights laws, the program or grantee shall not retaliate against individuals for taking action or participating in action to secure rights protected by federal civil rights laws.
15. It will determine whether it is required to formulate an **Equal Opportunity Program (EEOP)**, in accordance with 28 CFR 42.302 et. seq. If the program is not required to formulate an EEOP, it will submit a certification form to the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), and the Iowa Attorney General's Crime Victim Assistance Division (CVAD) indicating that it is not a required to develop an EEOP. If the program is required to develop an EEOP, but is not required to submit the EEOP to the OCR, the applicant will submit a certification form to the OCR and the CVAD certifying that it has an EEOP on file which meets the applicable requirements. If the applicant is awarded a grant of \$500,000 or more and has fifty or more employees, it will submit a copy of its EEOP to the OCR and the CVAD. Non-profit organizations, Indian Tribes, and medical and education institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. A copy of the certification form should also be submitted to the CVAD. Additional information regarding a grantees' EEOP requirements can be found at http://www.ojp.usdoj.gov/about/ocr/eeop_comply.htm.
16. It will comply with Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the grantee must take reasonable steps to ensure the LEP persons have meaningful access to your programs. Meaningful access may entail providing language assistance services, to consider the need for language services for LEP person served or encountered both in developing your budgets and in conducting your programs and activities. Additional assistance and information regarding your LEP obligations can be found at <http://www.lep.gov>.
17. In the event that a Federal or State court or Federal or State administrative agency makes a **finding of discrimination** after a due process hearing on the grounds of race, color, religion, national origin, sex, age, or disability against the program, the program will forward the findings to the U.S.

Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), and the Iowa Attorney General's Office, Crime Victim Assistance Division (CVAD).

18. It will maintain information on victims served by race, sex, national origin, age and disability and such information will be collected and maintained, where such information is voluntarily furnished by those receiving assistance.
19. It agrees to comply with the applicable requirements of the 28 C.F.R. Part 38, the Department of Justice (DOJ) regulation governing "Equal Treatment for Faith Based Organizations" (the "Equal Treatment Regulation"). The Equal Treatment Regulation provides in part that the DOJ grant awards of direct funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Recipients of direct grants may still engage in inherently religion activities, but such activities must be separate in time or place from the DOJ funded program, and participation in such activities by individuals receiving services from the grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs directly funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of beneficiary's religion.
20. It will maintain client, staff, policy and procedure information and that **reports** shall be submitted, in the correct form, on time, and containing information as required by the Crime Victim Assistance Division.
21. It will comply with Iowa Code Chapter 216 as amended which governs civil rights protection in Iowa; and Iowa Code Section 8.11 regarding Minority Impact Statements; the Iowa Attorney General's Crime Victim Assistance Division rules as contained in the Iowa Administrative Code, 61 IAC Chapter 9, Section 9.50 through 9.65; and the policies of the Iowa Attorney General's Crime Victim Assistance Division.
22. It will create a sexual harassment policy which includes the process for filing a grievance of sexual harassment by a staff member, client, victim, or volunteer. The process shall take into consideration how to file a complaint against a supervisor, administrator or director. After the creation of the sexual harassment policy, all current staff and volunteers, as well as new staff and volunteers will sign an acknowledgement form that they have reviewed and understand the sexual harassment policy. One copy will be provided to the staff member, or volunteer and one will be kept in their personnel file.
23. It agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government without the express written approval of the Office of Justice Programs (OJP), in order to avoid violation of 18 U.S.C. § 1913. It will comply with any restrictions outlined in 28 CFR Part 69 regarding New Restrictions on Lobbying.
24. It will comply with the Drug-Free Workplace Act of 1988, implemented at 28 CFR Part 67, subpart F, for programs, as defined at 28 CFR Part 67 Sections 67.615 and 67.620.

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25. It will encourage adoption and enforcement of on-the-job seat belt policies and programs for its employees, contractors, and subrecipients when operating agency-owned, rented, or personally owned vehicles pursuant to 23 USC 402 and 403, and 29 USC 668.
26. It will encourage adoption and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by these funds, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009).
27. It will refer to the United States Department of Justice's (DOJ) Office of Inspector General (OIG) and the Iowa Attorney General's Crime Victim Assistance Division (CVAD) any credible evidence that a principal, employee, agent, contractor, subgrantee, or other person has either 1) submitted a false claim for these funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, wastes, abuse, conflict of interest, bribery, gratuity, or similar misconduct involving these funds. This condition also applies to any subgrantees or contractors. Potential fraud, waste, abuse or misconduct should be reported to the Office of Inspector General (OIG) by:
- a. Mailing to: Office of Inspector General, U.S. Department of Justice, Investigations Division, 950 Pennsylvania Avenue, N.W., Room 4706, Washington, D.C. 20530,
 - b. Emailing to: oig.hotline@usdoj.gov,
 - c. Hotline information: 1-800-869-4499 in English and Spanish, or
 - d. Hotline fax: 1-202-616-9881.

Additional information is available from the DOJ OIG website at www.usdoj.gov/oig.

28. It will not use federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express written approval of OJP.
29. It agrees to comply with applicable requirements regarding Central Contractor Registration (CCR) and applicable restrictions and provide a Data Universal Numbering System (DUNS) number. The details of recipient obligations are posted on the Office of Justice Programs web site at <http://www.ovw.usdoj.gov/funding/ccr.htm>.
30. It and all its contractors will **comply with all Federal laws and regulations** applicable to Federal assistance programs and with any applicable provisions of 28 CFR Part 66, 70 entitled Uniform Administrative Requirements for Grants and Cooperative Agreements.
31. It will comply with the National Environmental Policy Act (NEPA, 42 U.S.C. section 4321 et seq.) and other related Federal laws (including National Historic Preservation Act (NHPA)). The program also agrees to comply with all federal, state and local environmental laws and regulations applicable to the development and implementation of the activities to be funded under this award or contract. It agrees to assist Office of Justice Programs (OJP) in carrying out its responsibilities under NEPA and

related laws, if the recipient plans to use VOCA funds (directly or through subaward or contract) to undertake any activity that triggers these requirements, such as renovation or construction. (See 28 C.F.R. Part 61, App. D.). It will not use VOCA funds for renovation or construction.

32. Appropriate **accounting, auditing, and monitoring** procedures will be used so that records are maintained to insure fiscal control, proper management, and efficient distribution of the victim assistance funds in accordance with the most current edition of the Financial Guide created by the Office of Chief Financial Officer (OCFO).
33. Fund accounting, auditing, monitoring, evaluation procedures, and such **records** as the Attorney General's Crime Victim Assistance Division (CVAD) shall prescribe, shall be provided to assure fiscal control, proper management, and efficient disbursement of funds received.
 - a. It shall maintain such data and information and submit such **reports** in such form, at such times, and containing such data and information as the CVAD may reasonably require administering the program.
34. It will comply, and all its contractors will **comply, with the applicable provisions of the VOCA**, the guidelines for crime victim assistance grants and the requirements of the OCFO Financial Guide, effective edition, which includes maintaining effective program and financial records that fully disclose the amount and disposition of VOCA funds received. This includes financial documentation for disbursements, daily time and attendance records for paid and volunteer staff, client files, the portion of the program funded with other sources of revenue, job descriptions, contracts for services, and other records which facilitate an effective audit.
35. It authorizes the Office for Victims of Crime (OVC), Office of the Chief Financial Officer (OCFO) and the Iowa Attorney General's Crime Victim Assistance Division (CVAD) and its representatives, access to and the right to examine all records, books, paper or documents related to the VOCA funds.
36. It will provide for an independent **audit** report on an annual basis as required by Office of Management and Budget (OMB) Circular A-133 and the OCFO Financial Guide. It will comply with the organizational audit requirements of OMB Circular A-133 and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from OMB Circular A-133 audits (and any other audits of Department of Justice funds) are not satisfactory and promptly addressed as further described in the current edition of the OVW Financial Grants Management Guide and the OCFO Financial Guide.
37. Non-Federal entities that expend \$500,000 or more a year in Federal funds (from all sources including pass-through awards) in the organization fiscal year (12 month turnaround reporting period) shall have a single organization-wide audit conducted in accordance with the provisions of OMB Circular A-133.
38. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year. Records must be kept and available for review or audit by

appropriate officials including the Federal agency, State agency, and U.S. Government Accountability Office (GAO).

39. All private agencies agree to perform **an audit in accordance with Iowa Code Section 11.36** audit requirements.
40. **Due Dates for Audit Reports** Audit reports are due the earlier of thirty days after receipt of the auditor's report or (9) nine months after the end of the audit period. Audits must be sent to CVAD upon completion.
41. It will comply with any **additional eligibility or service criteria** established by the Crime Victim Assistance Division.
42. It will expend funds received only for the purposes and activities covered by the program's approved application and budget; and that the grant may be **suspended or terminated** at any time by the CVAD if the program fails to comply with the provisions of the VOCA, Victim Services Grant Program Administrative Rules or any of the certified assurances listed above.
43. It will notify the Crime Victim Assistance Division (CVAD) office **in writing, via e-mail or through other electronic means** within 30 days of any staffing change.
44. It will notify the Crime Victim Assistance Division (CVAD) office **in writing or via email** of any VOCA- funded positions that remain vacant for 45 days or more. This notification must include reason for vacancy and plan for filling the position.
45. It will keep time and attendance records for all VOCA-funded staff.

I certify that I have read and reviewed the above assurances and that the program will comply with all provisions of the Victims of Crime Act of 1984, all amendments or updates to this act, and all applicable federal and state laws, regulations, and guidance.

Program Name

Signature of Authorized Representative

Date

Typed Name of Authorized Representative

Title of Authorized Representative

Email Address of Authorized Representative
Representative

Telephone Number of Authorized

Program Director Signature

Date

Typed Name of Program Director

Title of Program Director

Email Address of Program Director

Telephone Number of Program Director

Appendix Y

Federal STOP Violence Against Women (VAWA or VW) Certified Assurances

VIOLENCE AGAINST WOMEN ACT (VAWA OR VW) CERTIFIED ASSURANCES

The program assures and certifies that:

2. Federal funds made available under this formula **will not be used to supplant** state or local funds, but will be used to increase the amounts of such funds that would, in the absence of federal funds, be made available for VW project activities.
3. **Matching funds** required to pay the non-federal portion of the cost of each program and project, for which these funds are made available, shall be in addition to funds that would otherwise be made available for VW project activities by the program or recipient of these funds and shall be provided on a project-by-project basis. Non-profit victim service agencies are exempt for making match.
4. Fund accounting, auditing, monitoring, evaluation procedures, and such **records** as the Attorney General's Crime Victim Assistance Division (CVAD) shall prescribe, shall be provided to assure fiscal control, proper management, and efficient disbursement of funds received.
 - a. It shall maintain such data and information and submit such **reports** in such form, at such times, and containing such data and information as the CVAD may reasonably require administering the program.
5. It will comply, and all its contractors and subgrantees will comply, with any applicable federal **nondiscrimination requirements**, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans Disabilities Act of 1990 (42 U.S.C. §§ 12131-34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations ó Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Ex. Order 13279 (equal protection of the laws for faith-based and community organizations); and 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations ó Equal Treatment for Faith-Based Organizations). Additional information about civil rights obligation of programs and grantees can be found at <http://www.ojp.usdoj.gov/ocr/>.
6. In accordance with federal civil rights laws, the program or grantee shall not retaliate against individuals for taking action or participating in action to secure rights protected by federal civil rights laws.
7. It will comply with Iowa Code Chapter 216 as amended which governs civil rights protection in Iowa; and Iowa Code Section 8.11 regarding Minority Impact Statements; the Iowa Attorney General's Crime Victim Assistance Division rules as contained in the Iowa Administrative Code, 61 IAC Chapter 9, Section 9.50 through 9.65; and the policies of the Iowa Attorney General's Crime Victim Assistance Division.

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8. It will determine whether it is required to formulate an **Equal Opportunity Program (EEOP)**, in accordance with 28 CFR 42.301 et. seq. If the program is not required to formulate an EEOP, it will submit a certification form to the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), and the Iowa Attorney General's Crime Victim Assistance Division (CVAD) indicating that it is not required to develop an EEOP. If the program is required to develop an EEOP, but is not required to submit the EEOP to the OCR, the program will submit a certification form to the OCR and the CVAD certifying that it has an EEOP on file which meets the applicable requirements. If the applicant is awarded a grant of \$500,000 or more and has fifty or more employees, it will submit a copy of its EEOP to the OCR and the CVAD. Non-profit organizations, Indian Tribes, and medical and education institutions are exempt from the EEOP requirement, but are required to submit a certification form to the OCR to claim the exemption. A copy of the certification form should also be submitted to the CVAD. Additional information regarding a grantee's EEOP requirements can be found at http://www.ojp.usdoj.gov/about/ocr/eeop_comply.htm.
 9. It will comply with Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, the program or grantee must take reasonable steps to ensure the LEP persons have meaningful access to your programs. Meaningful access may entail providing language assistance services, including oral and written translation, where necessary. The program is encouraged to consider the need for language services for LEP person served or encountered both in developing your budgets and in conducting your programs and activities. Additional assistance and information regarding your LEP obligations can be found at <http://www.lep.gov>.
 10. In the event that a Federal or State court or Federal or State administrative agency makes a **finding of discrimination** after a due process hearing on the grounds of race, color, religion, national origin, sex, age, or disability against the program, the program will forward the findings to the U.S. Department of Justice, Office of Justice Programs, Office for Civil Rights (OCR), and the Iowa Attorney General's Office, Crime Victim Assistance Division (CVAD).
 11. It will maintain statutorily required **civil rights statistics** on victims served by race, gender, national origin, age and disability and permit reasonable access to its books, documents, papers, and records to determine whether they are complying with applicable civil rights laws. This requirement is waived when soliciting the information may be inappropriate or offensive to the crime victim.
 12. It agrees to comply with the applicable requirements of the 28 C.F.R. Part 38, the Department of Justice (DOJ) regulation governing "Equal Treatment for Faith Based Organizations" (the "Equal Treatment Regulation"). The Equal Treatment Regulation provides in part that the DOJ grant awards of direct funding may not be used to fund any inherently religious activities, such as worship, religious instruction, or proselytization. Programs or recipients of direct grants may still engage in inherently religion activities, but such activities must be separate in time or place from the DOJ funded program, and participation in such activities by individuals receiving services from the grantee must be voluntary. The Equal Treatment Regulation also makes clear that organizations participating in programs directly

funded by the Department of Justice are not permitted to discriminate in the provision of services on the basis of beneficiary's religion.

13. It will create a sexual harassment policy which includes the process for filing a grievance of sexual harassment by a staff member, client, victim, or volunteer. The process shall take into consideration how to file a complaint against a supervisor, administrator or director. After the creation of the sexual harassment policy, all current staff and volunteers, as well as new staff and volunteers will sign an acknowledgement form that they have reviewed and understand the sexual harassment policy. One copy will be provided to the staff member, or volunteer and one will be kept in their personnel file.
14. It agrees that it cannot use any federal funds, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government without the express written approval of the Federal Office on Violence Against Women (OVW), in order to avoid violation of 18 U.S.C. § 1913. The program may, however, use federal funds to collaborate with and provide information to Federal, State, local, tribal and territorial public officials and agencies to develop and implement policies to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking [as those terms are defined in 42 USC 13925(a)] when such collaboration and provision of information is consistent with the activities otherwise authorized under this VW-funded program. It will comply with any restrictions outlined in 28 CFR Part 69 regarding New Restrictions on Lobbying.
15. It will comply with the Drug-Free Workplace Act of 1988, implemented at 28 CFR Part 67, subpart F, for programs, as defined at 28 CFR Part 67 §§ 67.615 and 67.620.
16. It will encourage adoption and enforcement of on-the-job seat belt policies and programs for its employees, contractors, and subrecipients when operating agency-owned, rented, or personally owned vehicles pursuant to 23 USC 402 and 403, and 29 USC 668.
17. It will encourage adoption and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by these funds, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009).
18. It will refer to the Crime Victim Assistance Division and to the Office of Inspector General (OIG) through the Department of Justice (DOJ) any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person was either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of law pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving VW funds. Additional information is available from the DOJ OIG website at www.usdoj.gov/oig. Potential fraud, waste, abuse, or misconduct should be reported to the OIG by:
 - Mail: Office of Inspector General
U.S. Department of Justice
Investigations Division
950 Pennsylvania Avenue, N.W.

Room 4706
Washington, DC 20530

- Email: oig.hotline@usdoj.gov
- Phone: 1-800-869-4499 (contact information English and Spanish)
- Fax: 1-202-616-9881

19. It agrees all materials and publications (written, visual or sound) resulting from award activities shall contain the following statements: "This project was supported by subgrant No. _____ awarded by the state administering office for the STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the view of the Department of Justice, Office on Violence Against Women."
20. It agrees one copy of all reports and any other written materials or products that are funded under the project to Federal Office on Violence Against Women by submitting it to the Iowa Attorney General's Crime Victim Assistance Division not less than 30 days prior to public release. If the written material is found to be outside the scope of the program or in some way to compromise victim safety, it will need to be revised to address these concerns or the funded program will not be allowed to use VW funds to support the further development or distribution of the materials.
21. It agrees that any training or materials developed or delivered with funding provided under this award must adhere to the OVW Training Guiding Principles for Grantees and Subgrantees, available at <http://www.ovw.usdoj.gov/grantees.html>.
22. It will not use any of these federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of Community Organizations for Reform Now (ACORN) or its subsidiaries, without the express written approval of the Federal Office on Violence Against Women.
23. It agrees to comply with applicable requirements regarding Central Contractor Registration (CCR) and applicable restrictions and provide a Data Universal Numbering System (DUNS) number. The details of recipient and program obligations are posted on the Office of Violence Against Women web site at <http://www.ovw.usdoj.gov/docs/ccr-award-term.pdf>.
24. It will comply with 28 CFR §66.34, in which the Office on Violence Against Women reserve a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, in whole or in part (including in the creation of derivative works), for Federal Government purposes:
 - c. any work that is subject to copyright and was developed under this award, subaward, contract or subcontract pursuant to this award; and
 - d. Any work that is subject to copyright for which ownership was purchased by a recipient or program, subrecipient or a contractor with support under this award.

In addition, the program or recipient (or subrecipient, contractor or subcontractor) must obtain advance written approval from the Office on Violence Against Women (OVW) program manager assigned to this award by forwarding this information to the Iowa Attorney General's Crime Victim Assistance Division,

and must comply with all conditions specified by the (OVW) program manager in connection with that approval before: (1) using award funds to purchase ownership of, or a license to use, a copyrighted work; or (2) incorporating any copyrighted work, or portion thereof, into a new work developed under this award.

It is the responsibility of the funded recipient (and of each subrecipient, contractor or subcontractor as applicable) to ensure that this condition is included in any subaward, contract or subcontract under this award.

25. It will comply with the financial and administrative requirements set forth in the current edition of the Office on Violence Against Women (OVW) Financial Grants Management Guide and the Office of the Chief Financial Officer (OCFO) Financial Guide.
26. It will provide for an independent **audit** report on an annual basis as required by Office of Management and Budget (OMB) Circular A-133 and the OCFO Financial Guide. It will comply with the organizational audit requirements of OMB Circular A-133 and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) from OMB Circular A-133 audits (and any other audits of Department of Justice funds) are not satisfactory and promptly addressed as further described in the current edition of the OVW Financial Grants Management Guide and the OCFO Financial Guide.
27. Non-Federal entities that expend \$500,000 or more a year in Federal funds (from all sources including pass-through awards) in the organization fiscal year (12 month turnaround reporting period) shall have a single organization-wide audit conducted in accordance with the provisions of OMB Circular A-133.
28. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year. Records must be kept and available for review or audit by appropriate officials including the Federal agency, State agency, and U.S. Government Accountability Office (GAO).
29. All private agencies agree to perform **an audit in accordance with Iowa Code Section 11.36** audit requirements.
30. **Due Dates for Audit Reports** Audit reports are due the earlier of thirty days after receipt of the auditor's report or (9) nine months after the end of the audit period. Audits must be sent to CVAD upon completion.
31. No program or recipient of VW funds shall use or reveal any **research or statistical information** furnished under this program by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with the VAWA. Such information shall be immune from legal process and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceeding.

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32. When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with **Federal money**, all programs receiving Federal funds, including but not limited to State and local governments, shall clearly state (1) the percentage of the total cost of the program or project which will be financed with Federal money, and (2) the dollar amount of Federal funds for the projects or program.
 33. It will comply with any **additional eligibility or service criteria** established by the Crime Victim Assistance Division.
 34. It will notify the Crime Victim Assistance Division (CVAD) office **in writing, via e-mail or through the online Programs Assistant website** within 30 days of any staffing change.
 35. It will notify the Crime Victim Assistance Division (CVAD) office in writing or via e-mail of any VW-funded positions that remain vacant for 45 days or more. This notification must include reason for vacancy and plan for filling the position.
 36. It will maintain client, staff, policy and procedure information and that reports shall be submitted, in the correct form, on time, and containing information as required by the Crime Victim Assistance Division.
 37. It will expend funds received only for the purposes and activities covered by the program's approved application and budget; and that the contract and funds may be **suspended or terminated** at any time by the CVAD if the program fails to comply with the provisions of the VW or any of the certified assurances listed throughout this document.
 38. Any court, law enforcement, and prosecution agency receiving Violence Against Women Act these funds certify that in the course of developing their VW application and appropriation, they have consulted with local Domestic Violence and/or Sexual Abuse programs to ensure that the proposed activities and equipment acquisitions are designed to promote safety, confidentiality, and economic independence of victims of domestic violence, sexual assault and dating violence.
 39. It will cooperate with any assessments, national evaluation efforts, or information or data collection requests, including, but not limited to, the provision of any information required for the assessment or evaluation of any activities within this project.
 40. It will not purchase of law enforcement uniforms, safety vests, shields, weapons, bullets, and armory or to support chemical dependency or alcohol abuse programs that are not an integral part of a court-mandated batterer intervention program.
 41. It will not use these funds to support the development of presentation of domestic violence, sexual assault, dating violence and/or stalking curriculum for primary or secondary schools. It further agrees that these funds will not be used to teach primary or secondary school students from an already existing curriculum.
 42. It will not use these funds to conduct public awareness or community education campaigns or related activities. These funds may be used to support, inform, and outreach to victims about available services.

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43. It will not support activities that may compromise victim safety and recovery, such as:
- pre-trial diversion programs not approved by OVW or the placement of offenders in such programs;
 - procedures and policies that exclude victim from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or sex of their children;
 - mediation;
 - couples counseling;
 - family counseling or any other manner of joint victim-offender counseling;
 - mandatory counseling for victims;
 - penalizing victims who refuse to testify;
 - promoting procedures that would require victims to seek legal sanctions against their abusers (e.g., seek a protection order, file formal complaint); or
 - placement of perpetrators in anger management programs;
 - crafting policies that deny individuals access to services based on their relationship to the perpetrator;
 - developing materials that are not tailored to the dynamics of sexual assault or the culturally specific population to be served;
 - crafting policies or engaging in practices that impose restrictive conditions to be met by the victim in order to receive services (e.g., counseling, seeking an order for protection);
 - sharing confidential victim information with outside organizations and/or individuals without the documented consent of the victim; and
 - crafting policies that require the victim to report the sexual assault to law enforcement.
44. It will comply with 42 U.S.C. § 3796gg to 3796gg-5, Omnibus Crime Control and Safe Streets Act of 1968 - Pub. L. No. 90-351 Violence Against Women Act, Title IV of the Violent Crime Control and Law Enforcement Act of 1994 - Pub. L. No. 103-322 and 42 U.S.C. § 3711, et seq., Violence Against Women Act of 2000 and Division B of the Victims of Trafficking and Violence Protection Act of 2000 - Pub. L. No. 106-386, and Violence Against Women and Department of Justice Reauthorization Act of 2005, Public Law 109-162 as amended and Office of Violence Against Women's implementing regulations at 28 CFR Part 90.
33. It will comply with all applicable laws, regulations, policies, and guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences, meetings, trainings, and other events, including the provision of food and/or beverages at such events, and the costs of attendance at such events. Information on pertinent laws, regulations, policies, and guidance is available at <http://www.ovw.usdoj.gov/grantees.html>. It agrees to comply with all applicable laws, regulations, policies, and guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences (which is defined to include meetings, retreats, seminars, symposiums, trainings, and other events), including the provision of food and/or beverages at such events, and costs of attendance at such events. Information on

pertinent laws, regulations, policies, and guidance is available at:

<http://www.ovw.usdoj.gov/grantees.html>. It agrees to contact and receive permission from their Victim Services Support Program primary contact from the Iowa Attorney General's Crime Victim Assistance Division prior to utilizing federal VW funds for related conference expenses.

I certify that the program receiving Violence Against Women (VW) funds meets all the requirements stated in these certified assurances and the Violence Against Women and Department of Justice Reauthorization Act of 2005, Public Law 109-162 as amended, and that all the information presented in the application for funding is correct, and the application will comply with the provisions of the Act and all other federal laws, regulations, and guidelines. By appropriate language incorporated in each subcontract or other document under which funds are to be disbursed, the undersigned shall assure the applicable conditions above apply to all recipients of assistance.

Program Name

Signature of Authorized Representative

Date

Typed Name of Authorized Representative

Title of Authorized Representative

Email Address of Authorized Representative

Telephone Number of Authorized

Program Director Signature

Date

Typed Name of Program Director

Title of Program Director

Email Address of Program Director

Telephone Number of Program Director

Appendix Z

Appeal Form

IOWA DEPARTMENT OF JUSTICE
Iowa Attorney General's Crime Victim Assistance Division
Victim Services Support Program

APPEAL FORM

VENDOR (AGENCY) NAME:	
VENDOR (AGENCY) CITY:	
CLAIM PERIOD:	
CONTRACT NUMBER:	

I, _____ (print name), the authorized representative for the Vendor
listed above, am appealing the decision made by:

- ☐ Victim Services Support Program (VSS) Community Specialist;
- ☐ Victim Services Support Program (VSS) Administrator; or
- ☐ Crime Victim Assistance Division (CVAD) Director.

for the following reason(s) (Use extra paper if needed):

Reason(s) continued:

You may submit any additional information you would like with this appeal for consideration. **This form must be submitted within ten (10) business days of the date the denial decision was issued.**

Signature of Authorized Representative for Vendor

Date

Phone Number of Authorized Representative

Email of Authorized Representative

Vendor Address (Street, City, State, Zip Code)

RETURN APPEAL TO:

Crime Victim Assistance Division
Iowa Attorney General's Office
Lucas State Office Building, Ground Floor
321 E. 12th Street
Des Moines, Iowa 50319